

Burgh of



Greenock

ANNUAL REPORT

on the
HEALTH OF THE BURGH

FOR THE YEAR 1956

BY

Gordon S. Carrick, M.B., Ch.B., D.P.H., D.I.H.,
Medical Officer of Health



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Medical Officer of Health

Telegraph Printing Works, Greenock.

HEALTH AND WELFARE DEPARTMENT STAFF

Medical Officer of Health

GORDON S. CARRICK, M.B., Ch.B., D.P.H., D.I.H.

Depute Medical Officer of Health

GORDON G. LINDSAY, M.B., Ch.B., D.P.H.

Assistant Medical Officers of Health

MINNIE ATKIN, M.B., B.S., D.P.H.

* MARY B. ANDERSON, M.B., Ch.B., D.P.H. (Died July, 1956).

* HORACE E. NUTTEN, M.B., Ch.B., D.P.H.

* Half-time on School Health Service.

Epidemic Officer and Port Health Inspector

ROBERT FORREST

Superintendent Nursing Officer

MARY I. CRAWFORD, R.G.N., S.C.M., H.V., Q.I.D.N.

Assistant Superintendent Nursing Officer

KENINA MacLEOD, R.G.N., S.C.M., H.V., Q.I.D.N.

Health Visitors

ANNIE LONIE

MARY WATSON

MARY R. McFARLANE

HARRIET MacPHERSON

MARY McLEOD

Mrs I. CLARK

FLORA DUNCAN

HELEN C. W. EAGLESHAM

Mrs I. C. HUGHES

Mrs SKINNER

ELIZABETH GIBSON

MARGARET McGHEE

JEAN G. WILKIE

(Comm. duty 21-5-56)

*Infectious Diseases Nurse—ISABEL CRUMLISH **

* Half-time as Mental Health Visitor

In addition, three nurses of the Greenock District Nursing Association were employed as whole-time health visitors under the Maternity and Child Welfare Scheme, namely, Miss C. Cameron and Miss Howie, for the whole year and Miss Lindsay until May, 1956.

Corporation Midwives

Mrs ISABELLA SWAN

retired 29-12-56)

Mrs JEAN GILMOUR

RACHEL CAMERON

Mrs ALICE WEIR

(Retired 31-8-56)

DOROTHY McFARLANE

MARY THOMSON

Mrs MARGARET COPLAND

Mrs AGNES ANDERSON

Mrs MARY GREEN

Mrs M. BROWN

(Resigned 28-2-56)

JULIA S. BOYLE

(Comm. duty 15-7-56)

MARY SCOTT

(Comm. duty 17-9-56)

In addition, two nurses of the Greenock District Nursing Association were employed as whole-time midwives under the Maternity and Child Welfare Scheme, namely, Mrs Agnes Gordon and Miss Janet McLachlan.

Matron, Day Nursery

Mrs J. TELFER, R.G.N.

PERSONNEL—Continued*Office Staff*

ELSIE C. GREENHAM	Mrs SARAH PRESTON
MARGARET C. MacELWEE	ANNE FARREN
MARY A. CORMACK	MORVEN McKEAG
PHYLLIS E. CHANDLER	(Resigned 12-5-56)
MARGARET WALMSLEY	BETTY McVICAR
MARGARET A. NELSON	(Comm. duty 14-5-56)
EVELYN FINDLAY	

Disinfecting Station

ARCHIBALD COMRIE, District Disinfecting Officer.
 PETER MAILLON, Station Disinfecting Officer.

Reception House

Mrs ROBERTSON, Caretaker.

Attendants in Charge of Toddlers' Playgrounds

Mrs B. WEBSTER MARGARET M. STEVENS Mrs N. ARMOUR

Caretaker, Health & Welfare Department

PETER DUNN*

* Also Removals Officer, part-time

WELFARE SECTION*Welfare Officer*

ARCHIBALD MUIR, D.P.A., F.I.S.W.

Assistant Welfare Officers

THOMAS SUTHERLAND MARJORIE H. R. SCHOLES (Resigned 15-9-56)
 Mrs HELEN HOUSTON (Comm. duty 26-11-56)

Matron, Belleaire Old People's Home

MARY C. NESBITT, S.R.N.

Office Staff

LILY GALLACHER

SCHOOL HEALTH SECTION*School Medical Officers*

MAY D. BELL, M.B., Ch.B., D.P.H.
 * MARY B. ANDERSON, M.B., Ch.B., D.P.H. (Died July, 1956)
 * HORACE E. NUTTEN, B.B., Ch.B., D.P.H.

* Half-time, Public Health

School Nurses

MARY M. BROCKIE Mrs JEAN PAUL
 MARGARET MITTAND ELIZABETH L. CRICHTON

Office and Clinic Staff

MARY M. RANKIN MARGARET McKINNON ELIZABETH BOYD

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To the PROVOST, MAGISTRATES and COUNCILLORS of the BURGH OF
GREENOCK and the DEPARTMENT OF HEALTH FOR SCOTLAND

LADIES and GENTLEMEN,

I have the honour to submit my Annual Report on the Health of the Burgh for the year 1956.

A further decrease has taken place, both in the number of notifications of and the number of deaths from respiratory tuberculosis. The schemes in operation for the examination and vaccination with B.C.G. of contacts, infants, and children of school leaving age, continued.

Initial supplies of poliomyelitis vaccine became available during the early part of the year and some five hundred children were given the course of two injections. A register of children whose parents wish them to be vaccinated against poliomyelitis has been compiled and these vaccinations will be considered as further supplies become available.

Only sporadic cases of food poisoning occurred in the Burgh during the year.

Attention was focussed during the year on the prevention of accidents in the home and it is hoped that the continued efforts of the health visitors will help to reduce accidents, particularly those affecting young children and the aged.

Dr. Anderson, who had been Assistant Medical Officer of Health in this department since 1949 died in July, 1956. Her cheerful manner throughout a prolonged illness was admired by all and her untimely death has been a great loss to the department.

The need for clinic premises in the still expanding South-West area of the Burgh continues to grow and further progress is dependent on an easing of the position in regard to capital expenditure.

I wish to record my thanks to the staff of the Health and Welfare Department for their continued loyal service. I am also grateful for the co-operation of other officials and to the members of the Health, Welfare and other Committees of the Corporation of Greenock for their continued interest in the work of the department.

I am,

Ladies and Gentlemen,

Your obedient Servant,

G. S. CARRICK,

Medical Officer of Health.

STATISTICAL SUMMARY — 1956

Population as estimated at middle of 1956	...	...	...	77.748
Acreage of Burgh	...	...	...	4.027
Density of Population per acre	...	...	...	19.31
Birth-rate per 1,000 of population	...	...	...	20.9
Illegitimate birth-rate per 100 live births	...	...	...	3.8
Marriage Rate (uncorrected)	...	...	...	8.9
Death Rate—all causes, per 1,000 of population	...	...	...	11.8
Death Rate—tuberculosis (all forms)	...	...	...	0.27
Death Rate—tuberculosis (respiratory system)	...	...	...	0.23
Death Rate—principal epidemic diseases	...	...	...	0.08
Infantile Mortality Rate per 1,000 live births	...	...	...	41
Neo-natal death rate per 1,000 live births	...	...	...	27
Stillbirth rate per 1,000 total births	...	...	...	23
Maternal death rate per 1,000 total births	...	...	...	—

All rates given are corrected for transfers except where otherwise indicated.

VITAL STATISTICS

POPULATION.—The estimate of the population by the Registrar General to the middle of 1956 is 77,748. This figure is used as the basis of all statistical calculations unless otherwise indicated.

This estimate is an increase of 249 over 1955.

The natural increase (excess of births over deaths) is 710. The figure for 1955 was 617 and the average for the last five years was 605.

BIRTHS AND BIRTH RATE.—The number of births, after correction for transfers, was 1,627 (835 males, 792 females) and the rate is 20.9 per thousand live births. The 1955 rate was 20.5 and the average for the last five years was 20.0.

The birth rate for Scotland as a whole was 18.5.

Tables I and IV give further information on this subject.

INFANTILE MORTALITY, NEO-NATAL DEATHS AND STILL-BIRTHS.—The number of deaths of children under one year of age was 67 (33 males, 34 females), an increase of 9 over the figure for 1955 and above the average of 58 for the last five years.

The infantile mortality rate (i.e. deaths within the first year of life) is 41 per thousand live births. The quinquennial average is 37. The rate for Scotland is 29.

The neo-natal death rate (i.e. death within the first four weeks of life) is 27 per thousand as compared with 22 in 1955. The quinquennial rate is 22. The rate for Scotland in 1956 is 19.

Stillbirths numbered 38, giving a rate of 23 per thousand total births as against 31 the quinquennial average. The rate for Scotland in 1956 is 24.

DEATHS AND DEATH RATE.—The total number of deaths in the Burgh in 1956, after correction for transfers, is 517 (504 males, 413 females). The death-rate is 11.8 per thousand of the population, which is a decrease on the rate of 12.5 in 1955 and below the quinquennial average of 12.2.

The death rate for Scotland in 1956 is 12.0.

The average age at death for those who survived the first year of life was 67 years as against 65, the average for the past five years.

CAUSES OF DEATH—The following were the chief causes of death during 1956:—

Heart Diseases	298 = 32% of total deaths
Cancer	156 = 17% of total deaths
Cerebral Haemorrhage	128 = 14% of total deaths
Bronchitis	43 = 5% of total deaths
Violence	36 = 4% of total deaths
Pneumonia	25 = 3% of total deaths
Tuberculosis	21 = 2% of total deaths
Other Circulatory Diseases	26 = 3% of total deaths

Tables II and III give further information regarding causes of death, which may be conveniently grouped as follows:—

Tuberculosis.—During the year the number of deaths from respiratory tuberculosis was 18, which is a death rate of 0.23 per thousand of the population. In 1955 there were 31 deaths with a rate of 0.40. The average rate for the last five years was 0.42. The rate for Scotland in 1956 was 0.14.

Tuberculosis of other forms caused three deaths. The non-respiratory death rate is 0.04, an increase on the figure of 0.03 of 1955, but less than the quinquennial average of 0.07. The rate for Scotland for 1956 was 0.02.

Principal Epidemic Diseases. (Typhoid fever, scarlet fever, diphtheria, whooping cough, meningococcal infections, influenza and measles). Six deaths occurred in this group, two being due to meningococcal infections and four to influenza. The death-rate for the group is 0.08 which is lower than the quinquennial average of 0.10. The rate for Scotland for 1956 is 0.06.

Malignant Disease.—Cancer in its various forms was responsible for 156 deaths (89 males, 67 females) and the death-rate is 2.01. Although these figures are lower than those for 1955 (159 and 2.05) they are higher than the quinquennial average of 145 deaths and a rate of 1.87.

The following is the distribution of cancer, by age groups:—

Group	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & over
Males	2	—	1	—	1	9	7	11	20	8	8
Females	1	—	1	1	1	4	18	20	35	6	2
Total	3	0	2	1	2	13	25	33	55	14	10

Disease of Circulatory System.—The number of deaths from this cause was 324, of which 298 were from diseases of the heart. The death rate from the latter cause was 3.83 which is lower than that of 1955, namely 4.0 and slightly lower than the quinquennial average 3.9.

The heart diseases were grouped and classified as follows:—

Group	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & over
Chronic Rheumatic Heart Disease	1	—	—	3	3	3	2	2	—	—
Arteriosclerotic & degenerative heart disease	—	—	—	—	3	11	33	90	76	28
Other diseases of heart	—	—	—	1	1	1	4	2	7	1
Hypertension with heart disease	—	—	—	—	—	1	5	9	7	4

Diseases of Respiratory System.—These diseases caused 78 deaths which give a rate of 1.00 as compared with 89 deaths and a rate of 1.15 for 1955. The average number of deaths in this category for the last five years was 74 and the rate was 0.96.

Bronchitis was responsible for 43 of the deaths (26 male, 17 female) of which 26 were over the age of 65 years. The death-rate was 0.55. These figures show an increase over the quinquennial average of 39 and a rate of 0.51.

Pneumonia accounted for 25 of the total respiratory deaths with a rate of 0.32. This is comparable to the quinquennial average of 0.33. Of these deaths six occurred in children under one year and 15 in persons over 65 years of age.

Diseases of Nervous System.—The deaths classified in this group totalled 139 of which 128 were due to cerebral haemorrhage, embolism or thrombosis. The death rate of the latter causes was 1.65. The average of the last five years was 1.67.

Diseases of Digestive System.—Deaths referable to this system numbered 31 of which 10 were due to diarrhoea, 8 were caused by gastric and duodenal ulcers, 3 by diseases of the liver and 7 by intestinal obstruction and hernia.

The number of deaths in children under one year of age from diarrhoea was four, against an average for the previous five years of two.

Genito-Urinary System:—Deaths from diseases of this system totalled 24 of which 10 were due to nephritis and nephrosis. Enlargement of the prostate gland was responsible for 8 deaths.

Diseases of Pregnancy and Childbirth:—No deaths were recorded in this group.

The following table gives the death rates per thousand total births for the period 1940-1956:—

Period	Death-rate from Puerperal Sepsis	Death-rate from other Puerperal Causes	Maternal Death-rate
1935—1939	1.31	4.29	5.60
1940—1944	0.94	3.31	4.25
1945—1949	0.36	0.94	1.30
1950	0.59	0.59	1.19
1951	0.00	1.87	1.87
1952	0.00	0.67	0.67
1953	0.00	1.24	1.24
1954	1.82	0.00	1.82
1955	0.00	1.22	1.22
1956	0.00	0.00	0.00

The maternal death rate for Scotland in 1956 was 0.5.

Congenital Malformation.—There were 12 deaths from this cause, of which 6 occurred under 4 weeks old and 4 between one month and 12 months old.

Diseases of Newborn and Early Infancy.—These deaths numbered 39 and are classified as follows:—

Birth injuries, post-natal asphyxia and atelectasis. 14; Pneumonia of newborn, 3; Other diseases peculiar to early infancy, 21.

The number of deaths in 1956 was 28.

Further information regarding children under one year of age will be found in the Section "Care of Mothers and Young Children."

Violent Deaths.—These numbered 36 of which 8 (4 male, 4 female) were suicides and 28 accidental. The latter figure includes 7 (6 males, 1 female) road transport accidents.

The corresponding figures for 1955 were 5 suicides and 56 other violent deaths, including 12 road transport accidents.

The average for the last five years is 4 deaths from suicide and 41 from other violence.

INFECTIOUS DISEASE

During the year 1956 there were 2,258 cases of infectious diseases ascertained by this department. This figure does not include tuberculosis, venereal disease or scabies. The total is 31 less than that of 1955 and less than the quinquennial average of 2,395.

Further information regarding infectious diseases will be found in tables V and VIII.

Notifiable Infectious Diseases.

SCARLET FEVER.—Thirty-nine cases of scarlet fever were confirmed, with the highest incidence during January and May but otherwise fairly evenly distributed over the months. The incidence rate per thousand of the population in 1956 was 0.50. In 1955 there were 93 cases and the average for the last five years is 94. There were no deaths.

DIPHtheria.—No case of diphtheria was confirmed during 1956. Immunisation against this disease is discussed under the heading "Vaccination and Immunisation."

ENTERIC FEVER.—Two cases of typhoid fever were notified during the year. The sources of infection could not be traced in either case but both patients had eaten shellfish obtained at Lunderston Bay. This site is in estuarial waters and adjacent to a sewer outfall.

The average number of cases per annum for the previous five years was 0.8.

PNEUMONIA.—A total of 129 cases of notifiable pneumonia were ascertained, two of acute influenzal and 127 of acute primary type. The highest incidence occurred in the months of January and February. The total in 1955 was 48 and the average for the last five years was 41.

POLIOMYELITIS.—One case only of poliomyelitis was confirmed during the year following admission to hospital as a case of diphtheria. This figure compares with ten cases in 1955 and a quinquennial average of eight.

Immunisation against this disease is discussed under the heading "Vaccination and Immunisation."

PUERPERAL FEVER AND PUERPERAL PYREXIA.—One case of puerperal fever and 42 cases of puerperal pyrexia were notified.

SMALLPOX.—No cases were notified. Information regarding vaccination is given under the heading "Vaccination and Immunisation."

MALARIA—One case was notified.

CEREBRO-SPINAL MENINGITIS.—Three cases were notified in 1956.

DYSENTERY.—Fifty-two cases were recorded compared with 311 in 1955. There was no epidemic at any time though the occurrence of multiple cases in families is not uncommon. The highly infective nature of this disease is repeatedly emphasised and thus the particular importance of hand washing immediately after use of the toilet.

WHOOPING COUGH.—Five hundred and twenty cases occurred during the year. A minor epidemic started in October and increased through November and December. In 1955 the number of reported cases was 55 and the quinquennial average is 298.

Whooping cough immunisation is discussed under the heading "Vaccination and Immunisation."

INFECTIVE HEPATITIS.—Seven cases were intimated during the year.

FOOD POISONING.—Thirty-five notifications of food poisoning were received during the year. These were sporadic cases and there was no communal outbreak at any time. The greatest incidence occurred in October and November (11 cases notified in each).

As often as was practicable specimens for bacteriological examination were obtained with the following results.

In one family three of the family of four suffered from food poisoning caused by *Staphylococcus Aureus*. The source of infection was traced to a lesion on the lip of one of the family. Thereafter cold roast beef acted as the vehicle transmitting the infection to the other members affected.

In only one notified case was *Salmonella typhi-murium* found as the causal agent and the source was not traced.

In fourteen reported cases no organisms could be found.

One case reported as gastro-enteritis was later diagnosed as suffering from food poisoning caused by *Salmonella typhi-murium* after admission to Gateside Infectious Diseases Hospital.

In the remaining 16 cases no bacteriological specimens were taken.

In six cases of reported food poisoning the causal organism was found to be *B. dysenteriae sonne* and these cases are therefore recorded under the heading of Dysentery.

Non-notifiable Infectious Diseases.—General medical practitioners parents and others, intimated the occurrence of certain other infectious diseases not compulsorily notifiable and these are discussed below.

The figures cannot be regarded as complete but they afford a reasonably good index of incidence in the Burgh.

MEASLES (Including German Measles).—The number of cases intimated was 696, giving an incidence rate of 8.95. The figures in 1955 were 817 and a rate of 10.54. The quinquennial average of cases was 864.

The highest incidence in 1956 was in the month of June.

CHICKENPOX.—Three hundred and six cases were notified. The incidence was highest in the months of January and May. The number of cases in 1955 was 553 and the average over the last five years was 588.

MUMPS.—Three hundred and sixty-five cases were intimated during the year compared with 140 in 1955 and a quinquennial average of 292.

PNEUMONIA (not otherwise notifiable).—Fifty-three cases under this heading were notified. The highest incidence was in January and February. The figure for 1955 was 128 and the average for the last five years was 116.

VENEREAL DISEASES.—The number of new cases of venereal disease who attended local clinics during the year was as follows:—

Syphilis		Gonorrhoea		Chancroid		Other Venereal Conditions		Non-Venereal Conditions	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Resident in the Burgh				1	—	21	—	45	—
— 5 31 —									
Cases attending from Ships;									
2	—	22	—	3	—	18	—	49	—

SCABIES AND VERMIN INFESTATION

During the year 26 persons (3 men, 4 women and 19 children) were dealt with at the Cleansing Station for lice infestation, with a total of 70 attendances. In addition, one male was treated at the Health and Welfare Department Office by dusting with anti-lice (D.D.T.) powder.

Twenty persons (4 women, 16 children) were treated at Wellpark Clinic for scabies. The total number of attendances was ninety. These cases were mostly from houses where infestation had spread throughout the families. It is known that other individual cases were given treatment by private medical practitioners or at the Skin Clinic of the Greenock Royal Infirmary.

CRAIGIEKNOWES CLINIC

The Craigieknowes Clinic continued to be used as before, giving accommodation to ante-natal, child welfare and school minor ailments clinics. Members of verminous families are allowed to wait after treatment in the Clinic while their homes, clothes or property are being disinfested. The premises are also used by the Ministry of Pensions and National Insurance for carrying out Medical Boards, one room is rented by a local general practitioner for use as a consulting room and another room rented to the Parks Department for use as an old men's shelter.

BACTERIOLOGICAL EXAMINATIONS

Bacteriological reports on specimens submitted from the following sources and examined at Hawkhead Emergency Laboratory, Paisley, or at the Shelley Road Laboratory, Glasgow, have been intimated to this department.

Chest Clinic	...	...	...	1,547
Ravenscraig Hospital	...	...	...	114
Larkfield Hospital	...	...	...	1
Gateside Infectious Diseases Hospital	...	...	...	103
Greenock Royal Infirmary	...	...	...	5
Ear, Nose and Throat Hospital	...	...	...	61
Private Practitioners	...	...	...	474
Medical Officer of Health	...	...	...	209
				2,514

DISINFECTING STATION

The increased use of chemotherapeutic and antibiotic agents, the general improvement in social conditions, the decrease in the incidence and virulence of certain infectious disease, combined with a more modern approach to the subject of isolation in relation to certain infectious diseases, has contributed to the decrease in the number of washings of infected articles carried out at the Disinfecting Station. General washing on behalf of several of the departments of the Local Authority has continued to be carried out at the Disinfecting Station. Priority, of course, is always given to disinfection requirements.

The total number of articles dealt with was as follows:—

General infectious diseases	...	...	...	293
Tuberculosis	...	...	...	496
Vermin infestation	...	...	...	325
Child Welfare	...	...	...	2,447
Day Nursery	...	...	...	5,593
Home Helps	...	...	...	119
Midwives	...	...	...	809
Premature baby cots	...	...	...	1,156
Health and Welfare Department	...	...	...	420
Other Corporation Departments	...	...	...	8,004
Miscellaneous	...	...	...	54
				19,716

Of the above numbers, 9,142 were cleansed by steam, 2,252 by disinfectant solution and 10 articles were destroyed on request.

VACCINATION AND IMMUNISATION

Smallpox.—Efforts were continued to persuade parents to have their children vaccinated against smallpox. A routine letter is sent to parents when the child is two months old, and leaflets explaining the advantages of the procedure are also distributed. It is felt, however, that probably the most useful method is oral persuasion by the health visitor when she calls on her routine visits to the homes.

Vaccination is carried out in the Local Health Authority clinics by the staff of the Health and Welfare Department and general practitioners also perform vaccination at the request of patients. Arrangements are kept under review to ensure that all efforts are made to increase the percentage of children vaccinated.

During the year 916 persons were vaccinated, 292 by staff of the Health and Welfare Department and 624 by general practitioners. Of these 575 were vaccinated for the first time.

Of the ships dealt with by Greenock Port Health Authority 17 had made calls at infected ports during the year 1956. It is not difficult to imagine the subsequent alarm and almost inevitable loss of life which would follow an outbreak of smallpox in a community not strongly protected by vaccination, should this disease be carried to Greenock by ship and from ship ashore, undetected. Within the last 20 years, Glasgow, Liverpool and Southampton have all been ports of entry for smallpox which has spread to the surrounding countryside.

Diphtheria.—The numbers of children immunised against diphtheria are given in the table following. Immunisation is carried out at all the Local Authority clinics and by the general practitioners. Primary courses of inoculation or boosting doses, where appropriate, are given to children on admission to school and at the ages of nine and fourteen boosting doses are again given.

Various forms of propaganda are used, including posters and leaflets issued by the Scottish Council for Health Education. A routine letter stressing the importance of immunisation, is sent out to the parents when the child reaches the age of one year and again at the age of five years. Much reliance is placed on the continued efforts on the part of the health visitor, who can do much to persuade the parents during her visits to the home.

During the last week in February there was an intensification of the normal publicity. New leaflets and posters were displayed in prominent places in the town, advertisements were put in the local press and slides were shown at the local cinemas.

It is estimated that at least 75% of pre-school children should be protected against diphtheria if the disease is to be kept under control and continued efforts are required to persuade as many parents as possible to have their children immunised.

Whooping Cough.—The majority of infants who are immunised against diphtheria are at the same time immunised against whooping cough with the combined vaccine. All the evidence available suggests that this is a worth-while procedure.

Immunisations.—

	Health Dept.	Private Practitioners	Total
Completed inoculations against			
Diphtheria 	438	30	468
Boosting doses 	1,359	40	1,399
Completed Combined Inoculations			
(Whooping Cough and			
Diphtheria) 	303	312	615
Boosting Combined doses			
(Whooping Cough and			
Diphtheria) 	—	32	32

Poliomyelitis.—During the early part of the year, arrangements were made, in accordance with Department of Health for Scotland instructions, for the vaccination of children against poliomyelitis. An approach was made to the parents of children born in the years 1947 to 1954 and as a result consents were received in respect of 40% of the children in those groups and they were registered for vaccination. The total number of children registered amounted to 4,835. The first supplies of vaccine were made available during the months of May and June and in all 531 children completed the course of two injections. Twenty-six children received only one injection. The children vaccinated were those born in specified months and years, as instructed by the Department of Health.

Vaccination was suspended during the period July to November, as the disease is usually prevalent during these months, and in December a further small supply of vaccine was made available for completing the vaccination of those children who were not given two doses during the earlier part of the year.

No report of any complications arising in a vaccinated child has been received.

Tuberculosis.—Vaccination with B.C.G. is discussed in the chapter headed "Prevention of Illness. Care and After-care."

CARE OF MOTHERS AND YOUNG CHILDREN

Expectant and Nursing Mothers

The Local Authority Ante-natal Clinics continued to function throughout the year 1956. Blood tests to determine the Rh. factor and blood group were performed on every patient attending the ante-natal clinic for the first time. One dental clinic was held weekly for the examination and conservative treatment of expectant and nursing mothers whose youngest child was under the age of one year. A maternity outfit and a supply of disinfectant was issued free of charge to each expectant mother one month before domiciliary confinement. Few post-natal examinations were carried out at the clinic as mothers confined in hospital generally return there for post-natal examinations.

Mothercraft Classes

These classes were held at fortnightly sessions at Hillend and Wellpark Clinics. Attendances were very low and have shown no increase on 1955.

Dental Treatment

Number of expectant and nursing mothers who accepted dental treatment	20
Number of expectant and nursing mothers recommended for dentures	257

Ante-natal Clinics

Number of clinics at the end of the year supplied by the Local Authority	4
Total number of women who attended	692
Total number of attendances made by women during the year	1,800

Rhesus Factor Examinations

The number of Rhesus factor examinations performed during the year at Local Authority Ante-natal clinics was 414 of which 111 were found to be negative. In only two of these were antibodies present. Both mothers gave birth to live babies.

Maternal Mortality

Number of deaths resulting from pregnancy or confinement	nil
Maternal death rate	nil

CHILD WELFARE

The Local Authority Child Welfare Clinics continued to operate satisfactorily throughout the year.

Advice regarding feeding and management of infants was given to the mothers and where necessary supplements to the child's diet were provided. Minor ailments were also treated at the clinics. Immunisation against diphtheria and whooping cough and vaccination against smallpox was available for all children under the age of 5 years at these clinics. B.C.G. vaccination for infants under one year of age was performed at the Child Welfare Clinics during 1956. See section "Prevention of Illness, Care and After Care" for further details. Children with various defects were referred to the appropriate specialists in Greenock, orthopaedic and skin cases being referred to the consultants appointed by the Renfrewshire Education Authority. One Dental Clinic was held weekly for the examination and conservative treatment of children under 5 years. Ultra-violet light treatment is given at clinics twice weekly, for debilitated children.

Child Welfare Clinics

Number of clinics provided by the Local Authority at the end of the year	4
Number of children who first attended clinics during the year and were at date of first attendance:—	
(a) under one year of age	1,316
(b) over one year of age	512
Total number of attendances during the year by children who at time of attendance were:—	
(a) under one year	6,323
(b) over one year	1,296
Number attending Dental Clinic during the year	8

The following vaccinations and immunisations were performed:—

Number of children immunised against diphtheria (APT)	13
Number of maintenance injections (APT)	18
Number of children immunised against diphtheria and whooping cough (combined antigen)	296
Number of children successfully vaccinated	216
Number of B.C.G. vaccinations	568

Day Nursery and Toddlers' Playgrounds

The Day Nursery provided by the Local Authority continued to function throughout 1956. The average daily attendance of children at the Day Nursery during the year was 9.0 for children under two years of age and 16.2 for children between the ages of 2 and 5 years.

The three toddlers' playgrounds continued to provide two three-hour sessions per day from Monday to Friday of each week, the only qualification for admission being age, but when the demand is heavy, preference is given to specially deserving cases. These playgrounds have proved to be very popular with Greenock mothers. Free milk, as provided in the schools, is supplied morning and afternoon, but no other food is given. The average attendance per session at these playgrounds during the year 1956 was as follows:—

(a) Sinclair Street Playground	25
(b) Hillend Playground	28
(c) Lynedoch Street Playground	19

Convalescent Home Provision

There is no provision of this nature by the Local Authority, but use continued to be made of the Glasgow and West of Scotland Seaside Homes at Dunoon. The Corporation gave a donation of £31 10s 0d for which in return they received ten subscribers' lines entitling the receivers to two weeks' stay at the Home. During the year 1956, six mothers and four children were admitted to the Homes for a period of approximately two weeks.

HEALTH VISITING

During 1956 we were fortunate to have a staff of 15 fully qualified health visitors. Thirteen of these were directly employed by Greenock Corporation and two through the Greenock District Nursing Association.

Two health visitors attended the refresher course lasting for one week at the Summer School, St. Andrews, organised by the Scottish Council for Health Education. Eleven health visitors attended, each for one day, at the National Association for the Prevention of Tuberculosis Refresher Course held in Edinburgh. Periodic attendance at courses of this nature is of great value to the health visitor in her work.

As the town continues to expand so greater areas must be covered by the health visitors. New houses bring new problems to many families and the constant friendly advice of the health visitor keeps many a family from deteriorating into the "problem" category.

At many of the child welfare and ante-natal sessions the health visitors now show film strips with aid of the projector and give a running commentary to illustrate various points on the screen. In addition to mothercraft classes held in Wellpark and Hillend Clinics, our health visitors now attend the Rankin Hospital Ante-natal Clinics twice a week to give talks on mothercraft and their teaching is, as a result, reaching a much larger audience than before.

Various aspects of health education and the prevention of accidents in the home are also covered by the health visitor, and these are dealt with fully under the sections on "Prevention of Illness. Care and After Care." and "Prevention of Accidents in the Home."

The following tables of visits paid by the health visitors during 1956 give the numbers of visits paid, but, as is well known, statistics give no real idea of the time, persuasion and energy expended in advising these families on all aspects of positive health.

Group Visited	Number Visited	Total Visits
(a) Expectant and nursing mothers	15	22
(b) Children under one year of age	3,311	26,591
(c) Children between one year and five years of age	6,672	22,659
(d) Tuberculosis cases	1,549	3,646
(e) Other cases	235	1,194
(f) Total visits paid	11,782	54,112

Number of infants at age of six months found to be:—

(1) Breast fed	72
(2) Partially breast fed	63
(3) Artificially fed	1,295

HOME NURSING

The arrangements for Home Nursing during 1956 were continued by the Greenock District Nursing Association and the Corporation of Greenock. Four cars are in constant use and the building of three garages at the Home in addition to the one already there has meant a great saving in the time and energy of the nurses. Nine full-time and one part-time nurses were employed during the year, one of these being a Queen's male nurse. Co-operation with general medical practitioners continued to be good.

During 1956 two nurses attended the Refresher Course organised by the Royal College of Midwives at Inverness.

The total number of cases attended by the nurses during 1956 was 1,373. This included 30 persons with tuberculosis and 712 persons over the age of 65. The number of visits paid to these cases was 39,739, of which 1,008 were to tuberculosis patients and 26,453 were to persons over 65 years of age. This is an increase of 4,226 visits to the old age group over the figure for 1955, and these visits will probably increase as the years go on and the proportion of old people in the population increases.

The number of new cases attended during 1956 was 1,133 of which 530 were persons over 65 years. The classification of the main type of new cases during 1956 was 932 medical, 183 surgical and 18 gynaecological.

No special provision is made for the nursing of sick children.

Visits for the purpose of administering injections were as follows:—

Penicillin	...	...	1,916	Streptomycin	...	...	578
Insulin	...	...	9,186	Anahaemin	...	...	226
Imferon	...	...	328	Cytamen	...	...	648
Mersalyl	...	...	1,604	Morphine	...	...	242
Progesterone	...	...	14	Testosterone	...	...	170
Diamorphine	...	...	62	Neptal	...	...	6

During the second half of the year there was a noted decrease in the number of requests from doctors to give penicillin injections. It is thought that this drop from last year's figure is due to the increased use of oral forms of penicillin. As noted last year, there is considerable variation in the attitude of different general practitioners towards the giving of routine injections to patients under their care.

Seven hundred and seventeen articles of equipment were issued on loan during the year.

DOMICILIARY MIDWIFERY

During 1956 12 midwives were employed. Ten of these were employed by Greenock Corporation and two were provided by Greenock District Nursing Association. Two midwives retired during the year on reaching 60 years and one midwife resigned on leaving the district. These midwives were replaced.

All midwives are qualified to administer Gas and Air Analgesia. Eighteen sets of the Minnitt type of apparatus are in use. Fourteen midwives were trained to administer Trilene during the year. Three sets of the Cyprane type have been obtained and will go into use early in 1957.

Twelve outfits for premature babies are available and are sent out for the midwife's use to any baby 5½ lbs or under. These are of great help to the midwives when caring for premature babies born at home.

Seven hundred and eighty-eight maternity outfits were supplied, free of charge, during the year to women having their confinement at home.

The midwives' areas continue to expand as the town extends. Taxis are available for them during the night and for emergency cases during the day.

The total number of births in Greenock during the year 1956 was 1,920, including 53 stillbirths. This figure includes births in the Rankin Memorial Hospital to mothers normally resident in other areas and, after correction for transfers, the number of births to Greenock mothers was 1,665, including 38 stillbirths. The number of domiciliary births in the Burgh was 676, including 11 stillbirths.

The following tables give the number of visits paid by the midwives:—

Number of ante-natal visits	5,799
Number of post-natal visits (routine)	10,414
Number of post-natal visits (special)	149
Total visits	16,362
Deaths of babies within 14 days of birth	8
Stillbirths	11
Cases of Ophthalmia neonatorum	—
Cases of Puerperal Sepsis	—
Cases of Puerperal Pyrexia	2

The following is a table of confinements attended and of births classified to show nature of attendance at birth:

	Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947			Other domiciliary cases			Total
	Doctor engaged and present at con- fine- ment	Doctor engaged and not present at con- fine- ment	Midwife alone (no doctor engaged)	Doctor and Midwife eng'd.	Midwife alone (no doctor engaged)	With- out doctor or mid- wife	
(a) Midwives em- ployed by the Local Author- ity	39	506	2	—	—	—	547
(b) Midwives em- ployed by Vol- untary Organi- sations under arrangements made by the Authority	6	119	—	—	—	—	125
(c) Private prac- tising mid- wives	—	—	—	4	—	—	4
Totals	45	625	2	4	—	—	676

CARE OF PREMATURE INFANTS

During the year special equipment was sent out to 17 premature infants including one set of twins. One infant was removed to hospital within 24 hours. Four infants were removed between one and two weeks after birth, two to Greenock Royal Infirmary, one to Stobhill Hospital and one to Yorkhill Hospital. These five infants survived, their birth weights being between $3\frac{1}{2}$ and $4\frac{1}{2}$ lbs.

The following table gives information regarding the 12 premature infants attended in the district:—

Birth Weight	No.	Condition at Birth	No. of Neo-Natal Deaths	Time of Death			
				Within 24 hrs.	Under 1 wk.	Under 2 wks.	Under 1 mth.
Under 2½ lbs	1	Feeble	1	1	—	—	—
2½-3½ lbs.	1	—	1	—	—	1	—
3½-4½ lbs.	6	—	—	—	—	—	—
4½-5½ lbs.	4	—	—	—	—	—	—

ILLEGITIMATE BIRTHS

The number of illegitimate births during the year 1956 was 62 (33 males and 29 females). This was 14 less than the number in 1955. As in the past, assistance was given to unmarried expectant mothers by arranging for hospital confinement if the home conditions were not satisfactory.

STILLBIRTHS

Number of stillbirths registered in Greenock	53
Number of stillbirths in Rankin Memorial Hospital from the County of Renfrew	15
Number of stillbirths transferred in to Greenock	—
Corrected number of stillbirths for Greenock	38
Stillbirth rate, per 1,000 total births	23
Stillbirth rate for Scotland, per 1,000 total births	24

The number of stillbirths due to hazards of birth forms 13% of the total.

The majority of the stillbirths, 87%, are due to causes per-existing at birth.

Foetal deformity was the cause of more than 25% of the stillbirths. As the causes of the majority of stillbirths are unknown, no definite measures can be taken to reduce their incidence.

Causes of Stillbirths

Hazards of Birth		Causes pre-existing at birth	
		Foetal Abnormality	Maternal, Placental & Foetal Conditions
Malpresentation	4	Anencephalus ...	6 Toxaemia 2
Obstructed labour	1	Hydrocephalus ...	3 Ante-partum haemorrhage ... 4
		Other deformities	2 Prematurity 4
			Macerated foetus ... 7
			Asphyxia 3
			Hydramnios 1
			Unknown 1
Total		5	Total
			11
			Total
			22

INFANT MORTALITY

Number of deaths of infants under one year of age	67
Number of deaths of infants under one month old (neo-natal deaths)	44
Number of deaths of infants between one month and twelve months (post-natal deaths)	23

	Infantile Mortality Rate	Neo-natal Rate	Post-natal Rate
Greenock ...	41	27	14
Scotland ...	29	19	10

The infantile mortality rate is higher than for 1955, due to an increase in the neo-natal rate. More than half of the neo-natal deaths were due to prematurity. More than half of the post-natal deaths were due to infections, mainly respiratory. Nearly one-third of the post-natal deaths were caused by accidental suffocation or asphyxia due to inhalation of vomit.

The following table shows the Infantile Mortality rates for Greenock and Scotland from 1942 to 1956 and as the Infantile Mortality rate is composed of two groups (a) the neo-natal deaths and (b) the post-natal deaths, the table has been extended to show the comparative figures of these groups for Greenock and Scotland:—

Year	Infant Mortality Rate		Neo-natal Mortality Rate		Post-natal Mortality Rate	
	Greenock	Scotland	Greenock	Scotland	Greenock	Scotland
1942	104	69	52	35	52	34
1943	80	65	36	33	44	32
1944	81	65	33	33	48	32
1945	74	56	34	28	40	28
1946	62	54	35	30	27	24
1947	64	56	32	28.5	32	27.5
1948	61	45	27	25	34	20
1949	52	41	26	23	26	18
1950	48	39	23	23	25	16
1951	36	37	22	22	14	15
1952	36	35	13	22	23	13
1953	34	31	26	19	8	12
1954	43	31	26	21	17	10
1955	37	30	22	20	15	10
1956	41	29	27	19	14	10

Causes of Death and Age at Death of Infants under 1 month

Certified Cause of Death	TIME OF DEATH					Total
	Within 24 hrs.	1 - 7 days	1 - 2 weeks	2-3 weeks	3-4 weeks	
Prematurity	20	5	2	—	—	27
Congenital Mal-formation	2	1	2	1	—	6
Asphyxia & Birth injury	3	1	—	—	—	4
Haemolytic Disease	2	2	—	—	—	4
Pneumonia of Newborn	—	1	1	—	1	3
Total Deaths	27	10	5	1	1	44

Causes of Death and Age at Death of Infants under one year old

Certified Cause of Death	Neo-natal	Post-natal			Total
		Over 1 and under 3 months	3 - 6 months	6 - 12 months	
Congenital Malformation	6	2	—	—	8
Prematurity	27	—	—	—	27
Pneumonia of Newborn	3	—	—	—	3
Haemolytic Disease	4	—	—	—	4
Asphyxia & Birth Injury	4	—	—	—	4
Broncho-pneumonia	—	6	2	1	9
Accidental Asphyxia and inhalation of vomit	—	3	3	—	6
Meningitis	—	—	—	1	1
Cerebral Condition	—	1	—	—	1
Gastro-enteritis	—	2	1	—	3
Unknown	—	—	1	—	1
Total	44	14	7	2	67

PREVENTION OF BREAK-UP OF FAMILIES

The Problem Families Committee set up in 1953 under the auspices of the Problem Families Sub-Committee of the Corporation continued to meet monthly. The meetings are attended by the following Corporation officials and representatives of interested outside organisations who pool their information and thus give all members of the committee a better background to each case:—

Medical Officer of Health
 Chief Sanitary Inspector
 Superintendent Nursing Officer
 Senior Probation Officer
 President, Vice-President and Officers of the R.S.P.C.C.
 Children's Officer
 Welfare Officer
 Area Officer, National Assistance Board
 Manager, Ministry of National Insurance
 Manager, Ministry of Labour and National Service
 Clerk to the Education Committee
 Commandant of the Local Branch of the W.V.S.
 Greenock Police Juvenile Co-ordinating Officer

In addition, the help of the appropriate clergyman is sought, when indicated.

Since the meetings commenced in 1953, 35 problem families have been discussed and in 22 an improvement has been achieved. There is, however, a hard core of families where, despite all help and advice given, only little or temporary improvement can be effected, and constant attention is required to maintain whatever progress has been made. At the end of 1956, 12 families were under consideration.

The health visitors, with their specialised training and experience, are in a good position to note the early signs of development of such families, and do what they can to prevent further deterioration.

WELFARE FOODS

The arrangements for the distribution of Welfare Foods, now the responsibility of the Local Authority, continued satisfactorily during the year. There were six fixed centres as follows:—Health & Welfare Office, Day Nursery, Wellpark Clinic, Sinclair Street Clinic, Hillend Clinic and Rankin Park Clinic. The W.V.S. organisation also distributed Welfare Foods from a van to the more outlying districts of the burgh and from their Headquarters at the Erskine Orr Hall.

The quantities supplied during 1955 and 1956 were as follows:—

Foods	1955	1956
National Dried Milk	...95,254 tins	97,619 tins
Orange Juice	...53,660 bottles	51,643 bottles
Cod Liver Oil	...10,841 bottles	9,398 bottles
Vitamin A. & D.	...2,662 packets	2,678 packets

It will be noted that the uptake of these foods has shown no significant alteration.

DOMESTIC HELPS

This service continued to be run along the lines established in previous years, help being sent to homes where illness existed, or where there had been a confinement. The number of helps used, and the number and types of cases to which they were sent, are given in the following table, and a comparison with the figures for previous years shows that the demand for this service has not fallen off.

	No. of Helps		Type of Case		
	Whole Time	Part Time	Confinements	Other Illness	Total
1951	—	12	33	45	78
1952	—	10	32	58	90
1953	—	5	25	26	51
1954	—	8	34	42	76
1955	—	10	20	55	75
1956	—	11	35	56	91

Of the 56 "Other Illness" cases in 1956, Home Helps were provided in 17 instances to the Aged and Infirm.

The service is primarily a temporary one, help being provided to tide a family over a period when circumstances are difficult. The maximum period for which a Home Help is provided is six weeks, but exceptional extension was allowed on two occasions during the year in the case of old people awaiting admission to Ravenscraig Hospital and where there were no relatives or friends to provide assistance.

The scheme started by the Greenock Presbytery for the provision of voluntary night sitters was continued throughout the year. In cases of chronic illness where the patient requires constant supervision, the night sitter acts as a relief for the normal attendant allowing time off for recreation or for sleep. In all about 20 night sitters are available and cases are referred to the Presbytery by the local ministers, or by the District Nurses. The service is greatly appreciated by those who take advantage of it.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis

The Health and Welfare Department continued its preventive role in relation to tuberculosis throughout the year. Advice and assistance, with particular emphasis on the prevention of spread of the disease, was given to all persons suffering from the disease and to their families.

The number of cases notified and confirmed as suffering from respiratory tuberculosis was 87, 54 of these being males and 33 females. This figure represents a fall of 19 compared with the figure for 1955 and the continued fall in the number of cases is encouraging.

The schemes for mantoux testing examination, and, where indicated, vaccination with B.C.G. were continued throughout the year, and the numbers vaccinated and the various groups to which they belong, are given below:—

Group	Tuberculin tested		Negative re-actors		Vaccinated during 1956	
	M.	F.	M.	F.	M.	F.
(1) Nurses	2	70	1	13	1	14
(2) Medical Students ...	—	—	—	—	—	—
(3) Contacts	233	203	130	120	290	294
(4) Special Groups not included in (1) to (3) above:—						
(a) School leavers	304	308	198	190	197	190
(b) Infant Scheme	47	40	45	40	297	271
(5) Others	2	1	2	1	4	2
(6) Totals	588	622	376	364	789	771

Infants.—A weekly visit was paid to the Rankin Memorial Hospital to give B.C.G. vaccine to infants born there. During the year 328 were vaccinated by members of the staff and of that number 281 were babies whose mothers were normally resident in the burgh. In addition, 47 other babies were vaccinated, these babies being born to mothers who resided outwith the burgh and in each case the Medical Officer of Health of the area concerned was notified. This arrangement works satisfactorily and is convenient as no skin test prior to vaccination is necessary in children who are less than two months old.

Mass Radiography.—During the year, a visit was made to several industrial establishments by a Mass Radiography Unit of the Western Regional Hospital Board. The following table shows the relevant details of the results of the visit:—

	Male	Female	Total
Number Examined	3,062	1,384	4,446
Active Pulmonary Tuberculosis	8	1	9
Doubtful Active Pulmonary Tuberculosis	8	3	11
Incidence per 1,000	5.2	2.9	4.5

Preliminary discussion has taken place with representatives of the Department of Health for Scotland regarding the holding of a Tuberculosis Campaign in the Burgh. This Campaign is to be held during the period April to May, 1958 and has to be part of a National Campaign spread over a period of two years. It will be recalled that the first such scheme in Scotland took place in Greenock in the autumn of 1953 and the experience gained at that time has been of value in formulating similar campaigns throughout the country.

One of the most important aspects of the attack on tuberculosis is the finding of the case who is moving in the public unaware that he has the disease and the detection, isolation and treatment of such persons is vital to the success of any campaign against tuberculosis.

The various social services for persons suffering from tuberculosis were continued during 1956.

The National Assistance Board helped patients under certain circumstances. As in previous years, the Health and Welfare Department provided assistance to cases recommended by the Chest Physician in the form of free milk and the supply of bed and bedding in accordance with a graduated scale of charges. During 1956 18 cases were supplied as follows:— bed only—none supplied; bedding only, 7 supplied; bed and bedding, 11 supplied. Also, where necessary, clothing is supplied to persons who have been recommended by the Chest Physician to undergo sanatorium treatment abroad. During the year, such treatment was carried out in Denmark, provision of this kind being made to one male and two females.

Overcrowding

Where a case of tuberculosis occurs in an overcrowded household, the Medical Officer of Health recommends rehousing to a larger house. The purpose of this is to allow the patient to have a bedroom to himself, thus helping to prevent the spread of the disease to other persons in the household. In all, during the year, a total of 66 families were rehoused in this manner.

The following tables show the confirmed figures of new cases of respiratory and non-respiratory tuberculosis for the period 1949 to 1956.

TYPE	1949	1950	1951	1952	1953	1954	1955	1956
Respiratory	268	234	212	274	215	119	106	87
Non-respiratory	39	33	14	35	28	31	20	10

The following table shows, by age group and site of the disease, the number of cases confirmed during 1956:—

Form	Sex	AGE GROUPS									Total
		Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards	
Respiratory	{M.	—	3	2	7	13	5	11	9	4	54
	{F.	1	2	6	9	10	2	2	—	1	33
Total Respiratory		1	5	8	16	23	7	13	9	5	87
Abdominal	{M.	—	—	—	—	—	—	—	—	—	—
	{F.	—	—	—	—	—	1	—	—	—	1
Meningeal	{M.	—	—	—	—	—	—	—	—	—	—
	{F.	—	—	—	1	—	—	—	—	—	1
Miliary Tuberculosis....	{M.	—	—	—	—	—	—	—	—	—	—
	{F.	—	—	—	—	—	—	—	—	—	—
Bones and Joints ...	{M.	—	1	—	—	1	—	—	—	—	2
	{F.	—	—	—	—	—	—	—	—	1	1
Superficial Glands ...	{M.	—	—	—	1	—	—	—	—	—	1
	{F.	—	—	—	1	—	—	—	—	—	1
Genito-Urinary Organs	{M.	—	—	—	—	—	—	—	—	—	—
	{F.	—	—	—	—	2	—	—	—	1	3
Other Organs	{M.	—	—	—	—	—	—	—	—	—	—
	{F.	—	—	—	—	—	—	—	—	—	—
Non-Respiratory Total		—	1	—	3	3	1	—	—	2	10

The following table shows the total number of verified cases of tuberculosis known to have their homes within the Burgh:—

Form	Sex	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards	Total
		Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards	Total
Respiratory	{M.	—	11	81	113	133	124	77	63	30	632
	{F.	1	6	72	182	229	92	32	7	11	632
Non-Respiratory ...	{M.	—	1	16	20	12	5	3	—	1	58
	{F.	—	2	16	22	31	13	5	1	2	92

The following table shows the number of cases resident in the Burgh who received institutional treatment during the year:—

	In hospital on Jan. 1st	Admitted during year	Discharged during year	Died in hospital	In hospital on Dec. 31st
Under 15 years—					
M.	10	2	12	—	—
F.	8	6	10	—	4
15—45 years—					
M.	52	44	64	3	29
F.	54	50	66	1	37
45 years and over—					
M.	24	34	32	5	21
F.	4	2	2	—	4
TOTAL	152	138	186	*9	95

* Two died of other causes

Epilepsy

No new arrangements for the care or treatment of epileptics came into operation during 1956. As a rule, children under school age are referred by their own family doctor to the appropriate consultant who, where necessary, arranges treatment. Some cases, where there is a psychotic element, are referred to the Psychiatric Out-patient Clinic, operated by the Renfrewshire Mental Hospitals Board and of these some enter mental hospitals on a voluntary basis. Three cases are accommodated at the Epileptic Colony at Bridge of Weir under Part III of the National Assistance Act.

As before, information is made available to the Local Youth Employment Officer to assist him in his task of fitting the epileptic into a suitable job where his ailment will not expose him to undue risk.

Cerebral Palsy

Cases of cerebral palsy are usually detected by the family practitioner or health visitor before the child reaches school age, and often arrangements for treatment for the physical defect can be commenced early. Disposal of cases after the child reaches school age depend on whether or not there is an accompanying mental defect and on its severity.

At the end of 1956 there were nine cases in the Burgh and all of these were attending the Glenburn Special School.

The Scottish Council for the Care of Spastics made arrangements during the year to open a school for cerebral palsied children up to the age of 15 years at Scotsraig, Paisley. The house has been adapted to give classroom and therapy room accommodation for about 10 children, but it is intended to expand the school as soon as possible to take up to 30 children and to provide a nursery annexe for pre-school children. The children using the school will be drawn mainly from the area served by the Western Regional Hospital Board.

Chiropody

A scheme for the provision of a chiropody service to persons of pensionable age, organised by the Greenock Social Service Association, was put into operation during the year. The Corporation has agreed to give a grant of £150 per annum towards the cost of the scheme. A charge of 1/- per treatment is made.

Between 1st October and 31st December, 651 treatments were carried out and the chiropodist has been kept fully employed.

It is hoped that in the future it will be possible to include some domiciliary visiting in the scheme, but so far this has not been possible, due to the large numbers attending the centre for treatment and also to the difficulty in providing transport.

Health Education

During the year, efforts were continued by the medical and nursing staff of the Local Authority to promote this aspect of the work of the Health and Welfare Department. The health visitor is possibly the most important member of the team and with her training, experience and knowledge of the home and the family, she can do more to teach health principles than any other member of the staff. Most of her efforts are directed to the education of mothers and to give help and guidance in bringing up young children. In addition to domiciliary visiting, the health visitors attend the child welfare clinics, giving informal talks to groups of mothers, using the film strip projector to illustrate their teaching. Reference is made elsewhere to the talks on mothercraft.

More attention was paid to the prevention of accidents in the home and an account of the work under this heading is made elsewhere in this report.

A continuously changing supply of leaflets and posters on Health Education is made available for display in the Health and Welfare Department, at Child Welfare Clinics, Toddlers' Playgrounds etc. These refer to such important features as diphtheria immunisation, smallpox vaccination, accidents in the home, welfare foods, correct footwear for children and the importance of dental care.

During the earlier part of 1956, normal publicity advocating immunisation against diphtheria was intensified by the use of advertisements in the local newspaper and the exhibition of slides and posters in the local cinemas.

Posters were supplied by the Scottish Council for Health Education and the Department of Health for Scotland for use on the four hoardings owned by the Health and Welfare Department and situated in prominent sites in the town. The subjects of the posters displayed during the year included:—

- We do not eat enough of these vegetables.
- How to deal with Influenza.
- Clean Hands—clean food.
- Keep Fit all the year round.
- Diphtheria.

Prevention of Accidents in the Home

In recent years much attention has been focussed on the large number of accidents occurring in the home. Many accidents, particularly burns and scalds, require the victim to spend a long time either in hospital or off work, with a consequent high cost to the community.

A very large number of the accidents happen to old people over 65 and about two-thirds of this group are women. The main causes are falls, coal gas poisoning, and burns. The statistics suggest that the next highest number of victims are the young children, where the causes are usually falls, suffocation, including inhalation of food or of vomit, and burns.

Very many of the causes are preventable, such as unguarded fires, bad electrical repairs, overhanging tablecloths, handling hot liquids carelessly, slippery floors, loose mats and electric appliances in bathrooms. The Health and Welfare Department has a glass display case with appropriate models illustrating the dangers attached to each little scene. This glass case is on display for a few weeks at a time in each of the Corporation clinics.

The health visitors, during their domiciliary visits, are constantly urging the importance of preventing home accidents and particularly those accidents which affect the very young.

There are available many posters issued by the Royal Society for the Prevention of Accidents and these are displayed in the Child Welfare Clinics, Toddlers' Playgrounds and in the Health and Welfare Department itself. Frequent changes of posters tends to stimulate interest and efforts are made to use those which are topical, e.g. those which show Santa Claus at Christmas time, a period when such accidents are more frequent.

Towards the end of the year, a selection of these posters was sent to the general practitioners in the Burgh for display in their surgeries. These were well received by the doctors and it is felt that these posters are seen there by the elderly people, among whom so many accidents occur, but who are normally more difficult to contact than the young children routinely visited by the health visitors in their homes.

As far as is known little effort is made by outside agencies in this field, although some of the firms who supply baby foods do issue advertisements in the form of posters, some of which are colourful and attractive and these make a useful contribution to the displays in the clinics.

WELFARE SERVICES

(1) Housing

The Corporation has continued to make provision for old people to enable them to live normal and independent lives for as long as possible in their own homes. This accommodation has been provided on the lower floors of tenemental blocks, two-storey blocks of flats and one-storey cottages, all of which are compactly designed and easily managed homes for elderly couples and by the extension of Westburn Hostel in which self-contained dwellings are available for disabled and elderly ladies.

Towards the end of the year the development of 26 such houses in the ground of Belleaire Home was completed and it is hoped that with the addition of the facility of a Common Room the elderly tenants and the residents in the Home will form a contented community. Another group of 12 dwellings was completed in the Larkfield area and plans are in hand for further additions.

(2) Residential Accommodation

The approved Scheme for the provision of residential accommodation under which the Welfare Committee at present operates was drawn up in 1948 and at that time the forecast of requirements was for 70 female and 35 male places within the Burgh, allowing fully for the accommodation which would be made available in the Little Sisters of the Poor Home, Medical Aid Home, Mariners' Home and other Voluntary and Local Authority Homes outwith the Burgh.

Belleaire, the only home owned and administered by the Committee and providing 27 places, continued throughout the year to be fully occupied, only three vacancies becoming available, two by death and one by long term transfer to local chronic sick wards.

The main other accommodation which is utilised has continued to be in the Royal Alexandria Infirmary Annexe, Paisley (formerly Craw Road Institution) and the Central Hospital, Dumbarton (formerly Townend Home) but the Corporation has no boarding rights in either establishment. Moreover, the authorities there have become increasingly reluctant to admit Greenock cases.

The need for further residential accommodation within the Burgh is extremely urgent and at the close of the year this was receiving the active consideration of the members of the Welfare Committee.

The following table indicates the activities in so far as admissions and discharges, etc. are concerned and the various Homes in which our residents are accommodated—it is once again to be observed that the majority are resident outwith the Burgh boundaries.

	Nos. at		Admitted		Discharged		Remaining		Total	
	1/1/56		during		during		at			
	M.	F.	M.	F.	M.	F.	M.	F.		
Homes administered by the Corporation										
Belleaire ..	9	19	2	—	2	1	8	18	26	
Joint-User Establishments										
R.A.I. Annexe, Paisley ..	9	12	6	2	6	2	9	12	21	
Central Hospital, Dumbarton ...	6	5	8	2	6	2	8	5	13	
Cunninghame Home, Irvine	1	1	—	—	—	—	1	1	2	
Other Local Authority Establishments										
Crookston Home, Glasgow	—	1	—	—	—	—	—	1	1	
Foresthall Institution, Glasgow ...	1	—	—	—	—	—	1	—	1	
Auchenbothie House, Port Glasgow ...	—	4	1	—	—	—	1	4	5	
Batterflats, Stirling ...	1	—	—	—	—	—	1	—	1	
R.A.I., Paisley ...	1	—	—	—	—	—	1	—	1	
Voluntary Homes										
Epileptic Colony, Bridge of Weir ...	1	2	—	—	—	—	1	2	3	
Castleview Home for Aged, Deaf, Edinburgh ...	1	—	—	—	—	—	—	1	1	
Oswald House, Edinburgh	—	1	—	—	—	—	—	1	1	
Clevenden House, Glasgow	—	2	—	—	—	—	—	2	2	
Homeland, Glasgow ...	—	1	—	—	—	1	—	—	—	
Church of Scotland Eventide Homes—										
Inverreck, Sandbank ...	1	1	—	—	1	1	—	—	—	
Belmont Castle, Perthshire ...	1	—	—	—	—	—	1	—	1	
Ardoch Hostel, Glasgow	—	2	—	—	—	2	—	—	—	
Laidlaw Memorial Hospital, Rothesay	—	—	—	1	—	—	—	1	1	
	30	52	17	5	15	9	32	48	80	

The duty to provide residential accommodation is not restricted to elderly persons, but in terms of the Act is extended to others with special needs, e.g. persons suffering from epilepsy, for which the National Health Service Hospitals do not provide special treatment. As in former years in meeting the needs of such persons the co-operation of Dr. Davidson, The Colony for Epileptics, Bridge of Weir, has been invaluable and the improvement achieved as a result of the treatment given while under his care has been most encouraging. Similarly, the two cases accommodated in Ardoch Hostel, Glasgow, were young women with crippling physical disabilities. While resident in the Hostel they received full-time training in dressmaking and other crafts, so that after two years' residence they returned to the community and are now self-supporting. The cases accommodated in the Salvation Army Homes for Unmarried Mothers (Homeland and Clevedon House) are also of a 'special kind'. The girls are admitted three months prior to the expected confinement and remain for two months afterwards. The Welfare Officer, in collaboration with the staff of the Homes, investigates these cases fully with a view to making the best arrangements in each case for both the mother and the child. Excellent results have been obtained; the highest tribute must be paid to the competence of the Salvation Army Officers on the Staffs of the Homes.

(3) Temporary Accommodation

The Corporation is under the duty to provide temporary accommodation for persons who are in urgent need thereof. This provision is not for dealing with the inadequately housed or persons who have no settled way of living. The Statute provides that it covers only persons temporarily without accommodation as a result of an emergency such as fire, flood etc., which could not reasonably have been foreseen.

Due to the shortage of houses, the evicted tenant presents a very serious problem. With the co-operation of the Corporation Factor, who forwards notices of pending evictions, it has been possible in many instances to take steps to avoid the final action by arranging by various means for rent arrears to be cleared, sometimes with financial assistance from charitable sources. In other instances arrangements are made for families to be accommodated by relatives, etc. Of the remaining unsuccessful cases the care of children is the first consideration and the co-operation of the Children's Officer in this connection must be acknowledged.

Fortunately during the year only five minor incidents occurred involving the displacement of families after storm damage, sub-let accommodation being found for them with relatives and others. Steps are taken to protect and transport their belongings to store and dry bedding and garments etc., and with the help of voluntary organisations additional clothing was provided.

(4) Registration and Inspection of Old People's Homes

No further Homes were registered during the year and conditions in the three registered Homes were found by inspection to be satisfactory.

(5) Compulsory Removal of Persons in Urgent Need of Care

During the year the powers under the Act were not used. In each case it was found possible to persuade the person to act in his own best interests and enter either Hospital or Residential Accommodation.

(6) Care of Property of Persons Admitted to Hospital

During the year appropriate steps were taken in 16 cases for the property of persons to be safeguarded.

This service can be of considerable help in many cases by assisting to remove hospital patients' anxieties in respect of Rent, Life Insurance, etc., and where resources can be conserved the accumulation is available to aid resettlement on discharge.

(7) Interments

The bodies of 21 persons were interred by burial under local contract there being no relatives or other persons available to make the necessary arrangements; in each case as much of the cost as possible was recovered from Death Grants, Insurances etc.

(8) Welfare of Old People in General

The public concern for the welfare of old people has increased very much in recent years.

Increased Retirement Pensions and Supplementation by the National Assistance Board have not solved the problems of the aged in the community. Part III of the National Assistance Act, covering the local authorities' services, envisage not merely a service limited to strictly defined Statutory duties, but a wide field of welfare services for the aged as a whole and where concurrently with the statutory provisions, voluntary effort and services of more personal kind should be provided by workers actuated by a spirit of good neighbourliness.

The Council of the Greenock Social Service Association is the main meeting ground where the various voluntary organisations can discuss the problems of the aged with representatives of official bodies and co-operation in this field is growing fast. Particular mention must be made of the W.V.S. for providing the transport, drivers, etc., for the Meals on Wheels service which provides a cooked lunch on two days per week to over 60 old people substantially housebound; also for organising the four very successful clubs for the elderly, the average weekly attendance at each of which is now approximately 200. At Christmas time generous gifts from industrial concerns and private sources were distributed to needy elderly people living alone and persons in this category have been entertained specially by the Rotary Club, Toc H and many other local organisations. The provision of a Chiropody service for old people by the Association is referred to elsewhere in this report.

(9) General Welfare Services

Notwithstanding the advancement of the social services, it is the general experience of social workers that people feel the need for a local officer to whom they can turn in times of difficulty, trouble, sickness or distress. While the present day Welfare Officer does not have the statutory powers of his predecessor in the Public Assistance service, his services are being increasingly sought in this advisory capacity. In the course of the year 733 cases have been dealt with, the work being mainly carried out by interview, advice, visiting and referral to other agencies, the main problems encountered being connected with accommodation, finance, domestic and matrimonial difficulties, etc.

Welfare Services for Handicapped Persons

(10) **Blind Persons**

(a) Register

The following summary shows the total number of blind persons registered under the Act with the Corporation as at 31st March, 1957:—

Age Groups of all Blind Persons on Register:—				Males	Females	Total
2 to 4 years	...	...	...	—	—	—
5 to 15 years	...	...	...	2	2	4
16 to 17 years	...	...	...	1	—	1
18 to 20 years	...	...	...	1	2	3
21 to 30 years	...	...	...	2	2	4
30 to 39 years	...	...	...	4	3	7
40 to 49 years	...	...	...	6	4	10
50 to 59 years	...	...	...	8	9	17
60 to 64 years	...	...	...	5	10	15
65 to 69 years	...	...	...	11	8	19
70 years and over	...	...	...	18	51	69
				—	—	—
				58	91	149

The significant feature of the register continued to be the high proportion (46%) of persons over 70 years of age. While blindness is a handicap associated with old age the increasing number also reflects the increase in the number of elderly in the community.

(b) New Registrations

Eleven persons were registered for the first time for year ended 31st March, 1957, the cause of blindness being as follows:—

Myopia (1), Retinitis (1), Cataract/Uvetis/Iritis (1), Cataract (4).
Retina/Cataract (1), Myopia/Cataract (1), Cataract/Sympathetic
Ophthalmia (1), Anophthalmos/Myopia (1).

The following is an analysis of the new cases by age etc:—

Year of Onset of Blindness														
Age	Prior to 1953		1953		1954		1955		1956		1957		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
0-1	—	—	—	—	—	—	—	—	—	—	—	—	—	
2-4	—	—	—	—	—	—	—	—	—	—	—	—	—	
5-15	—	—	—	—	—	—	—	—	—	—	—	—	—	
16-17	—	—	—	—	—	—	—	—	—	—	—	—	—	
18-20	—	—	—	—	—	—	—	—	—	—	—	—	—	
21-29	—	—	—	—	—	—	—	—	—	—	—	—	—	
30-39	—	—	—	—	—	—	—	—	—	—	—	—	—	
40-49	2	—	—	—	—	—	—	—	—	—	—	—	2	
50-59	—	—	—	—	—	—	—	1	—	—	—	—	1	
60-64	—	—	—	—	—	1	—	1	—	—	—	—	2	
65-69	—	—	—	—	—	—	—	—	—	—	—	—	—	
70+	—	1	—	—	—	—	—	2	2	1	—	—	3	
Total												—	5	6

All persons wishing to be examined with a view to registration still require to attend the Regional Blind Clinic in Cochrane Street, Glasgow. Over two years ago the Corporation made representations to the Joint Committee for the Domiciliary Care of the Blind for Glasgow and the West of Scotland requesting that the locus for the certification of blind persons resident in this area should be altered to the Greenock Eye Infirmary. The Corporation consider that the proposal is perfectly reasonable since the question of uniformity in the standard applied to certification of blindness has been determined for at least the past 20 years and the Ophthalmic Surgeons whose services are now available at the Greenock Eye Infirmary are fully qualified to carry out these examinations. Moreover, the vast majority of persons who are certified as blind have already been under treatment from these Surgeons and continue to be treated by them after certification.

The situation is further aggravated by the inconvenience caused to local blind people in that arrangements have to be made for them to be escorted to the clinic in Glasgow. Again, when a person is for reason of infirmity, unable to attend the clinic, registration can only take place after a domiciliary visit has been made by two Ophthalmic Surgeons from Glasgow, and this is now necessary for the majority of cases because of the higher incidence in old age.

The convenience of the arrangements to blind persons is of paramount importance and the present system is not at all satisfactory in this respect. Moreover, it also causes unnecessary delays, pecuniary loss to persons in need and waste of the time and services of specialist medical personnel.

So far, the Joint Committee have not accepted the Corporation's proposals which are, however, now being pressed forward in order that the arrangements shall be uniform with those now in force in respect of certification of persons who are partially-sighted.

(c) Residence

The number of blind persons in Homes, etc., at 31st March, 1957 was as follow:—

	Male	Female	Total
In Private Dwellings	51	85	136
In Homes providing care and attention	4	5	9
In Mental Hospitals	1	1	2
In Lodging Houses	1	—	1
In Chronic Sick Wards	1	—	1
	—	—	—
Total	58	91	149
	—	—	—

(d) Home Teaching

The provision of the domiciliary blind welfare service has been delegated by the Corporation to a Joint Committee for the West of Scotland since 1921. With the exception of Glasgow Corporation and the County of Stirling, who within recent years have discontinued the delegation of their functions in this respect and now provide a direct service, the only body employing qualified Home Teachers for the Blind is the Mission to the Out-Door Blind in Glasgow. Originally maintained entirely from voluntary sources, the staff of the Mission is now fully engaged acting as the agents to the Joint Committee. One male Home Teacher, Mr James Reid, is appointed to serve the blind

in Port Glasgow and Greenock, a total of approximately 200 persons. a caseload which by official standards is much too heavy. During the year a total of 536 domiciliary visits were made to Greenock cases, a standard of service short of that recommended by the Department of Health for Scotland, but nevertheless reflecting much credit on the Home Teacher.

(e) **Braille and Moon — Readers and Tuition**

	M.	F.	T.
No. of Readers registered with National Library for the Blind (London)	2	1	3
No. of Other Readers registered with Library of Out-Door Mission (Glasgow)	14	—	14
No. of Persons receiving lessons in Braille Type	1	1	2
No. of Lessons given during the year	11	34	45
No. of Persons receiving lessons in Moon Type	1	—	1
No. of Lessons given during the year	13	—	13

The number of lessons shown above are those given in the homes of the Blind, no note being kept of any Braille or Moon lessons given either at hand craft classes or on club days.

(f) **Wireless and Talking Books for the Blind**

Once again the number of wireless sets supplied in 1956 by the Wireless for the Blind Fund reached approximately 60% of the number applied for. The Wireless Department of the Out-Door Mission, however, repairs and re-issues used sets and by this means wireless requirements are fully met. Similarly, batteries are supplied at a reduced charge.

There are three Talking Book Machines in use in Greenock. arrangements having been made for their owners to obtain the specially manufactured long playing records from the National Library for the Blind in London. These machines are in very short supply. but are extremely suitable for elderly blind persons who have been in the habit of reading a great deal and who by reason of age, etc., find it extremely difficult to learn Braille or Moon Type.

(g) **Holidays**

The provision of a Holiday Home for the Blind at a suitable locus on the Firth has been under consideration by the Joint Committee for some time. Once again, last year pro tem facilities in Dunoon were fully taken advantage of by quite a number of registered blind persons.

(h) **Handcraft Classes**

During the winter months a weekly handcraft class is held in the Erskine Orr Hall and this is regularly attended by 6 men and 4 women. who undertake light basketry and sea-grass work. These classes are proving popular as well as instructive and both beginners and experienced pupils are turning out attractive and useful articles which are sold mainly by the efforts of the blind and the Home Teacher.

(i) **General Social Activities, Entertainments, Outings**

The Erskine Orr Hall is utilised as a social centre for the blind. being available daily to men and on one afternoon per week a special women's meeting is held when choral work is undertaken together with reading, by sighted volunteers. from popular books: the average attendance at this meeting is 30.

Every social centre for the blind has its own men's domino team and in addition to an organised internal competition, the local team competes against the team from Port Glasgow and in the Renfrewshire and West of Scotland competitions. Organised visits were paid by the members of the Greenock Centre to the Port Glasgow, Glasgow (Govan), Glasgow (Overnewton), Coatbridge and Paisley Centres and the members of the Glasgow (Govan) were entertained in Greenock in return.

For the blind population of the Town as a whole, as distinct from those who regularly attend the Centre, a theatre outing was arranged during the winter and in the summer months the annual sail to Lochgoilhead was carried through successfully. A bus outing and evening dance was also attended in Paisley. During the winter months a monthly afternoon concert was held in the Saloon of the Town Hall and this was very well attended and last year two evening dances were arranged.

(j) Employment

The employment, etc., position of all registered blind persons over the age of 16 is as follows:—

	M.	F.	T.
In workshops for the blind	9	1	10
Employed in open industry	4	2	6
Home workers	1	—	1
Undergoing training for sheltered Employment	1	—	1
Undergoing training for open industry	—	—	—
Arrangements for training pending	3	—	3
In Royal Blind School, Edinburgh	—	1	1
Not capable of employment	9	2	11
Not available for employment	29	83	112
	56	89	145

(k) Sheltered Employment

All blind persons capable of training and employment are eligible to register as disabled persons with the Ministry of Labour. The Ministry meet the cost of industrial rehabilitation and training and this is normally carried out at Alwyn House, Ceres, and then at either Craigmillar Park, Edinburgh, or the Glasgow Workshops for the Blind. The workshops in Glasgow, owned and managed by a Joint Committee composed of representations from all the local authorities in the West of Scotland, are approved by the Ministry of Labour for the purpose of providing sheltered employment for blind persons. Trainees there receive allowances from the Ministry and serve an apprenticeship of five years; in respect of all trained workers the Ministry of Labour pay an equal grant to the Committee amounting to 75% of the expenses incurred by them in providing employment facilities, subject to a maximum per capita at the rate of £100 per annum.

Greenock employees in the workshops are engaged as follows:—

Males		Females	Total	
1	Wireworker	1	Cane Furniture Maker	2
3	Mattress Makers			3
2	Brush Makers			2
2	Mat Makers			2
1	Basket Maker			1
9		1		10

(l) Wages and Conditions

The present Scheme of Wages and Conditions governing the training and employment of Blind persons in Scottish Sheltered Workshops was drawn up by the Joint Industrial Advisory Committee for Scottish Institutions for the Blind. The principle objects of the Scheme are to secure a measure of uniformity in the Scottish Workshops, to promote a definite standard of efficiency, the payment of a minimum wage to all approved workers and an incentive to increased production.

(m) Employment in Open Industry

Increasing emphasis is being placed today upon the absorption of trained blind workers into occupation in open industry: during the past five years this has been carried out successfully locally in the following cases, the employees earning the normal wage rate for the job:—

	M.	F.	T.
Telephone Operator	2	2	4
Labourer—Hospital Service ...	1	—	1
Office Messenger	1	—	1
	4	2	6

(n) Home Workers

There is one approved home-worker in the area, a fully qualified musician who by maintaining his earnings above the prescribed minimum qualifies for annual grant from the Local Authority.

(o) Education

There are four blind children under the age of 16 years; two are being educated at the Royal Blind School, Edinburgh and one at St. Vincent's School, Glasgow. The fourth, a boy of 5 years, has been undergoing treatment for his eye condition and will commence education at the Royal Blind School, Edinburgh, when this has been completed. A youth of 17 years is continuing his education at the Royal Blind School, Edinburgh.

(11) Partially-Sighted Persons

The Corporation's Scheme under Section 29 of the National Assistance Act provides for the extension of the existing blind welfare services to persons who, although not certified as blind, are severely handicapped by reason of defective vision (referred to as partially-sighted). The implementation of the Scheme in this respect was delayed until September, 1955, when the Department of Health for Scotland prescribed the visual standards to be applied uniformly throughout Scotland for the purpose of determining whether or not a person is to

be regarded as registrable as partially-sighted and therefore entitled to welfare services. The Corporation decided that the extension of the service should be approached with a degree of caution because:—

- (a) neither the number of persons nor the financial implications are at present ascertainable.
- (b) the new Service for the partially-sighted must not be provided at the expense of the existing Services for the Blind.
- (c) since the Home Teachers of the Blind are the persons best qualified to deal with the most severely handicapped of the partially-sighted, the extension of the Service will be dependent on the availability of staff. As has already been pointed out the case-load of the Home Teacher in this district is already too heavy and it will be some time before the necessary additional teaching staff becomes available.

The Scheme, however, is to proceed on the following lines:—

- (a) Partially-sighted persons will be registered on the basis of examinations carried out by the ophthalmologist at the Greenock Eye Infirmary, the notifications being confined to the Health and Welfare Department of the Corporation.
- (b) The Welfare Officer will investigate the need in each case and decide which cases will require the services of the Home Teacher; thereafter the Mission to the Out-Door Blind in Glasgow will be requested to provide the service on a contract basis.
- (c) The Register will for the present be divided into four classes:—

- I. Those in need of the full service provided for blind persons.

This class will include those persons whose degree of sight renders them just outside the category of certifiably blind and also those who are certified as likely to become blind within the next four years.

- II. Those in need of special training and employment only.

Such cases will be referred to the Ministry of Labour for action under the Disabled Persons (Employment) Act.

- III. Observation cases only.

All persons not easily falling into classes I and II will be registered in this category and reviewed periodically by the Ophthalmic Surgeon and the Welfare Officer.

- IV. Children under 16 years of age.

These cases will be the responsibility of the Education Authority.

- II. During the year 10 persons were registered in Class I and 1 in Class

(12) Deaf and Dumb Persons

Under the provisions of the Act, the Corporation has powers to make arrangements for promoting the welfare of deaf or dumb persons; the services may be provided directly or by the employment as their agents of a voluntary organisation registered in accordance with the Act.

It will be appreciated that in dealing with the welfare of the deaf and dumb, a special aptitude for the work, an understanding of the problems of deafness and a practical use of the finger-sign language and other methods of communication are essential and the Corporation's Welfare Committee has decided to continue its arrangements with the Greenock and District Mission to the Deaf, contributing a grant last year of £200.

The number of deaf/dumb persons on the Register is 89; the males in the main are engaged in open employment. The Mission employs a full-time Welfare Officer and maintains Hillend House as a Religious, Social and Recreational Centre. Three members of the Corporation are also members of the Board of Management of the Mission and the Mission's Welfare Officer collaborates closely with the Welfare Officer of the Corporation.

(13) Crippled and Other Classes of Handicapped Persons

This scheme has now been in operation for two years. From the beginning of the year, 646 visits were made, and the register now stands at 173 not including the cases in hospital. The following table shows the various types of handicap, age groups, employability, and service provided.

I.—Handicaps

	M.	F.	T.		M.	F.	T.
Paralysis	12	12	24	Mentally Handicapped	—	6	6
Nervous Conditions	6	12	18	Rheumatoid Arthritis	1	4	5
Respiratory Disorders	8	11	19	Disseminated Sclerosis	3	2	5
Cripples (injuries) ...	8	6	14	Muscular Dystrophy	3	2	5
Mental Illnesses ...	5	7	7	Rheumatism	2	2	5
Congenital Deformity	5	7	12	Encephalitis			
Epilepsy	4	5	9	Lethargical	1	3	4
Cardiac Disease ...	2	6	8	Kyphosis	2	2	4
T.B. (Bone)	5	3	8	Eyesight	—	3	3
Digestive Disorders	6	2	8	Parkinson's Disease	2	—	2
Cripples (Amputations)	5	2	7	Deafness	—	1	1
				Total	—	80	93 173

II.—Age Grouping

Age	M.	F.	T.
16-19	3	4	7
20-29	16	16	32
30-39	16	13	29
40-49	21	22	43
50-59	15	30	45
60+	9	8	17
	—	—	—
	80	93	173
	—	—	—

III.—Employability, etc.

Employed	71 (incl. 42 housewives)
Unemployed (registered disabled by Min. of Labour)	80
Unfit for employment	82 (incl. 52 housebound)
	173

IV.—Service Provided

	Housebound			Not Housebound		
	M.	F.	T.	M.	F.	T.
Engaged on Diversional Occupation	6	4	10	4	7	11
To be visited regularly	15	27	42	52	58	110
	21	31	52	56	65	121

Handcrafts being taught are Rugmaking, Dualso Basketry, Painting, Jewelry, Lampshade Making, Knitting and Sewing.

Of the 21 cases engaged in Handcrafts about 75% have a desire to sell their work to become a little bit more independent and the remaining 25% are content merely to continue with handcrafts as a means of occupying their time. Unless there is an interest taken by the family of the handicapped persons not much headway will be gained. Too many of these cases have the attitude that as nothing can be done for them there is no use of making any attempt for themselves. Care is taken when deciding on handcrafts, to point out to the person concerned the use of hands, eyesight, concentration, interest etc., in connection with what they want to do, e.g. in jewelry making, good eyesight, full use of the hands and a good deal of patience are essential for this type of handcraft, while in repetitive work like rug-making this is not as important.

Regular visiting in most cases is welcomed but in some cases was resented mainly through ignorance about the scheme until it was explained to them. Two cases have asked to have their names withdrawn from the register, two have died, four have been admitted to hospital for treatment, and two have left the district. Three new cases have been added to the register, one being very anxious to do handcrafts, this person being completely homebound.

Apart from the usual contact such as Doctors, National Assistance Board etc., contacts have been made with Ministers and the Legion of Mary. These contacts prove valuable, especially to those who are housebound, with no social contacts of any kind.

Efforts have been made repeatedly to find employment for those capable of employment. Every possible avenue is explored, disabilities being taken into account. As the possibilities are limited in most cases, these efforts have been unsuccessful.

The scheme is now past its initial stage but a great deal has still to be accomplished. Loneliness is a great factor in dealing with the handicapped person even where they are surrounded by relatives and friends. This is where outside contacts play such an important part in their lives. They should be encouraged to feel that they are of use to the community instead of something useless to be looked after.

MENTAL HEALTH SERVICE

Duties

The duties covered by this service can be summarised as follows:—

- (a) the ascertainment of all cases of mental illness and mental deficiency.
- (b) the obtaining of Detention Orders under the Lunacy and Mental Deficiency Acts.
- (c) the initial care and subsequent removal of persons suffering from mental illness and mental deficiency to mental hospitals or certified institutions for defectives.
- (d) the submission of reports re home conditions and employment prospects of patients it is proposed to discharge or who have been granted a period of trial or probation prior to discharge.
- (e) reports to Sheriff on cases being dealt with under the Criminal Justice (Scotland) Act.
- (f) boarding-out mental patients and mental defectives with unrelated guardians outside the district where necessary.
- (g) Mental Illness:—
 - (i) the maintenance of a home supervision service for those mental patients who, with the co-ordination of the efforts of the family doctors, relatives and the Department, can be cared for at home and thus prevent admission to mental hospital.
 - (ii) the provision of an after-care service for patients discharged after mental hospital treatment.
- (h) Mental Deficiency:—
 - (i) the supervision, training and occupation of defectives in the community who have been excluded from the education service or are over 16 years of age, especially those on licence from institutions or under Guardianship Orders.
 - (ii) the submission of statutory reports when Detention Orders in respect of defectives are under review by the General Board of Control.

Co-operation with Other Bodies

The General Board of Control for Scotland is the statutory supervisory body and there are four Authorised Officers for the Burgh of Greenock. Co-operation is maintained with the staff of the Board of Management for the Renfrewshire Mental Hospitals, particularly Dr. R. Haig Mitchell, Physician Superintendent, Ravenscraig Mental Hospital. During the year, with very few exceptions, all patients requiring mental hospital treatment were accommodated in Ravenscraig Mental Hospital. The hospital is now serving a wider area and with the increase in voluntary admissions the efforts of the staff to meet the local need first must be gratefully acknowledged. As agent for the Western Regional Hospital Board the Welfare Officer also supervises cases on licence or boarded-out from mental hospital.

Institutional accommodation for mental defectives continues to be very difficult to obtain; the Renfrewshire Mental Hospitals Board are endeavouring to relieve the position by creating additional beds at Broadstone House for female defectives and by building a large extension to Merchiston House, Johnstone, for male defectives. Their co-operation, and particularly that of Miss Morrison, Matron, Broadfield Institution, in providing short-term accommodation for defectives when there is illness etc., in the home, must be gratefully acknowledged. The Physician Superintendent of Lennox Castle Institution has also been most helpful in receiving difficult cases brought before the Sheriff for offences committed.

Voluntary Association

The Greenock and District Voluntary Association for Mental Health continues to work in close co-operation with the Department. It is difficult to find scope for voluntary workers in the field of mental illness but during the past year members of the Association have undertaken the weekly visitation of patients in Ravenscraig Mental Hospital who are without relatives and beneficial results have been acknowledged by the Physician Superintendent. To avoid duplication of effort a working agreement is in force whereby the task of home visitation, etc., of persons mentally handicapped is shared by the Department and the Association, the more difficult cases being the responsibility of the Corporation staff. The Association has also actively co-operated in the establishment of the Senior Occupation Centre for Males. The Department continues to be a source of skilled advice to the voluntary workers who in efforts in this field assist in health education, training and social support.

Prevention, Care and After-Care

The National Health Service (Scotland) Act, 1947 (Sect. 27) provides for the local authority making arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental deficiency or the after-care of such persons.

In the prevention of mental illness the importance of good care and training and emotional security in infancy and childhood is more important than any other factor. In this connection the Maternity and Child Welfare staff are fully aware of their vital role and full use is made of existing facilities. The continued lack of a fully staffed Child Guidance Clinic in the town must be deplored and further representations in this respect have been made to the Renfrewshire Education Authority. While true prevention must take place before the commencement of illness, many serious consequences of mental ill-health can be avoided by children and young persons receiving treatment for conditions which may be predisposing factors. The problems and strains of adolescence are particularly significant and the services of the Clinic in this respect could make a contribution towards the task of reducing juvenile delinquency in the town.

Adequate education regarding the meaning of marriage and the problems likely to be encountered in married life would materially assist in preventing many of the incidents and situations which precede mental illness. It is felt, therefore, that the establishment of a local Marriage Guidance Council would be a considerable help in this respect.

Psychiatric Clinic

Accommodation in Wellpark Clinic is rented to the Renfrewshire Mental Hospital Board and consultative sessions are given there by Dr. R. Haig Mitchell, Physician Superintendent, Ravenscraig Mental Hospital. The numbers seen by the Psychiatrist have continued to increase and several results are already apparent:—

- (a) progress in the gradual process of enlightenment of public opinion towards nervous and mental illness. Co-operation and understanding are gradually but surely replacing mistrust, fear and derision.
- (b) a change in the type of mental illness to be dealt with. The acute maniacal type of patient is not so common today, patients on the whole being quieter, more amenable and with a desire to take treatment.
- (c) an increase in the number of patients undertaking early treatment voluntarily.

In addition, this process must in time show a saving in hospitalisation, which so often brings about long absence from home and employment and in some cases permanent loss of employment. Many are grateful that treatment does not require admission to mental wards as unfortunately there is still a lack of understanding in certain sections of the public towards the ex-mental patient—often in quarters where knowledge and sympathy should be expected.

Mental Illness

Admissions to Mental Hospitals Certified Patients

Age Groups				Males	Females	Total
0-29 years	...	...	...	1	4	5
30-39 years	...	...	...	2	4	6
40-49 years	...	...	...	3	2	5
50-64 years	...	...	...	4	7	11
65+	...	...	...	6	7	13
				16	24	40
Voluntary Patients				44	70	114
				60	94	154

Compared with 1955 these figures show a decrease of one certified case and an increase of 28 voluntary cases, the incidence continuing to be greater in the case of females. Other aspects are as follows:—

Civil State				Certified	
				M.	F.
Married	...			8	10
Single	...	...	...	5	4
Widowed	...	...	...	3	10
				16	24

Occupations

Skilled or black-coated	1	3
Semi-skilled	2	—
Unskilled	10	3
Housewives	—	18
Retired, etc.	3	—
	16	24

Discharged from Mental Hospitals

By Medical Superintendent:—

Length of Stay	Certified		Voluntary		Totals	
	M.	F.	M.	F.	M.	F.
-2 months	2	4	12	19	14	23
2-6 ..	—	1	3	4	3	5
6-12 ..	1	—	—	—	1	—
over 12 ..	—	1	—	—	—	1
	3	6	15	23	18	29

By Death:—

Length of time in
Hospital

-2 years	2	2	—	—	2	2
1-2 ..	—	1	—	—	—	1
2-3 ..	—	—	—	—	—	—
3-4 ..	—	—	—	—	—	—
over 4 ..	—	—	—	—	—	—
	2	3	—	—	2	3

Cases on Probation, Under Guardianship, etc.

All classes released on probation from mental hospitals were successfully dealt with and subsequently discharged. Throughout the year the number of cases boarded-out under guardianship remained unchanged, viz:—7 resident in Arran and one within the Burgh; all patients were examined by a General Practitioner every three months and visited by the Welfare Officer at least twice in the year.

Mental Deficiency

Institutional Care

During the year 4 cases were admitted to Institutions, 2 being discharged later as their residence had been a temporary one only during a period of illness in the home. Of the other 2 cases, 1 was committed from the Sheriff Court under the Criminal Justice (Scotland) Act. During the year 4 males and 1 female were released on licence from Institutions, all being successfully placed in employment, and one female was discharged from an Institution.

Guardianship

During the year 3 new cases were placed under Guardianship Orders, 1 was discharged by transfer to an Institution and there was one death.

The condition of 38 patients was reviewed according to the Statute by the Welfare Officer, Medical Practitioners and the General Board of Control, no change being made to their circumstances.

At the end of the year the position was as follows:—

	M.	F.	T.
Cases in Institutions:—			
R.S.N.I., Larbert	15	3	18
St. Joseph's, Rosewell	4	2	6
Lennox Castle Institution, Lennoxtown ...	6	—	6
Broadfield Institution, Port Glasgow ...	3	11	14
Waverley Park Institution	—	4	4
St. Charles Institution, Carstairs	1	1	2
Blinkbonny Institution, Falkirk	—	1	1
Toddhill Farm Colony, Stevenson	1	—	1
St. Aidan's Institution, Gorebridge	2	—	2
Caldwell House, Ayrshire	—	—	—
State Institution, Carstairs	1	—	1
	32	22	54

Cases Under Guardianship:—

Resident locally	23	3	26
Resident outwith the Burgh	10	2	12
Cases under Licence from Institutions ...	6	5	11
	71	32	103

Supervision

The after-care supervision service for former pupils of Mentally Handicapped Division of Glenburn School and Auchmead Occupation Centre, carried out by the Department in collaboration with the Greenock and District Voluntary Association for Mental Health, has continued with beneficial results. The persons dealt with are those who, though not certified under Mental Deficiency Acts, have a state of incomplete mental development of such a kind and degree that in many instances the individual is incapable of adapting to the normal environment in such a way as to maintain a stable existence without supervision or external support. The aims of the service are therefore to supervise, assist and protect those mentally handicapped and prevent them becoming an unnecessary burden on their relatives and the community. In every possible case employment is the goal and of the total register of 283, 155 are now in employment. Many need assistance to find employment and special efforts have to be made to place the less stable and adaptable who are inclined to flit from one job to another. Uncertified females are free to marry, of course, and this presents special problems to ensure that they are capable of house-management, etc.: 41 such cases are at present on the register. The remaining 87 cases are maintained either by their families or by allowances from the National Assistance Board.

No amount of visiting will, of itself, necessarily prevent undesirable developments; it does, however, permit of a certain amount of preventive work. The strain of the continuous care of a case can lead to a breakdown in the family relationships which with tact and the inculcation of understanding can be smoothed over. The intention has been to make parents, etc., realise that the Department should be contacted immediately difficulties of behaviour, etc., are encountered and the success of the service can be gauged by the fact that so far in not a single case has a serious breakdown occurred. It has been necessary on seven occasions to arrange for the mentally handicapped person to be removed from the home to a temporary care but the return has been possible in each case.

Co-operation with the Ministry of Labour and National Service is very close to ensure exemption from registration for National Service. Now that the Department has complete case-records exemption is greatly facilitated, thus ensuring that the youth is saved the strain of failure in medical examination or admission to H.M. Forces. Other matters such as the issue of Driving Licences, sale of intoxicants and the signing of documents require to be dealt with periodically and useful information in the interests of the defective and the public is passed to the Police, Probation Officers and other Corporation Departments.

It is worthy of note that whereas the present service is a permissive one, as the results in this area have proved, it is a necessary one, and it has been announced that in the revision of the law which is shortly to be undertaken, the provision of such a service it to be made obligatory upon the local authorities.

During the year 15 new cases were added to the register and in every instance the visit of the social worker has been welcomed — number of home visits carried out being 622.

The following is the age grouping of the register at this date:—

5-15 years	...	...	...	6
16-20 "	...	...	...	85
21-30 "	...	...	...	122
31-40 "	...	...	...	50
over 40 "	...	...	...	20
				283

Training and Occupation.

Since 1946 Education Authorities have been under a duty to provide Occupation Centres for the day training of mentally handicapped children unsuitable for education in Special Schools but capable of making a successful response to training that is suited to their special needs and is given in an environment adapted to them. In Greenock this is carried out at Auchmead Centre, a fine new building which came into use during the year.

To provide continuity of training beyond the statutory school leaving age the 1947 National Health Service Act placed the comparable duty on local authorities—their responsibility extending to all mentally handicapped persons except those still within the education system or in certified institutions. The cases covered are those under Guardianship Orders or Supervision and the aims of such Centres are:—

- (a) to develop the trainees' minds and bodies, within the limitations imposed by their defect, so that both at the Centre and in their homes they may lead happy, interesting lives.
- (b) with this end in view, to help the trainees to form good habits, to acquire self-control and to develop a social sense as they learn to work with others.
- (c) to relieve the strain caused by the presence and attentions of an untrained defective in a family, and to help the parents by demonstrating methods of training and care.

In September, 1955, the first Senior Occupation Centre in the Burgh came into operation. The Corporation agreed to rent the premises owned by the Y.W.C.A. at 2 Kelly Street and to bear the financial cost of the Centre with the exception of the equipment, handcraft materials, etc., which the Greenock and District Voluntary Association for Mental Health agreed to provide. The Committee of Management meets monthly at the Centre and is composed of an equal number of representatives from the Association and the Corporation. The Centre is open daily, Monday to Friday, from 9.30 a.m. to 4 p.m. for 48 weeks in each year. No transport is at present provided, the trainees travelling to and from the Centre by public transport with or without a related escort. A three-course mid-day meal is provided at the cost to each trainee of 1/- per day, this being obtained from a local industrial canteen and transported voluntarily to and from the Centre by members of the local branch of the W.V.S. The premises comprise a large modern, well-lit and ventilated hall for use as a work-room, a staff-room, toilets, store-room for materials and use of the kitchen premises. It was decided at the outset that from the experience gained in the Supervision Service the greatest need was for a Centre for males and the staff appointed therefore consists of a male Supervisor and a male Assistant Supervisor, the cleaning arrangements being made jointly with the Y.W.C.A.

To begin with the number was small, preference being given to trainees known to be suitable in order that the difficulties inevitably encountered in the early days should not be accentuated. By degrees the number was increased and the more difficult type of trainee accepted so that by the end of the year 25 males were in regular attendance. This process will continue and it is hoped eventually to be able to build up the total average attendance to 30, but before this can be reached it will probably be necessary to provide transport facilities for those cases unable to use public transport.

It should be realised that the mentally handicapped adult responds slowly to the efforts made to train him. There is, however, evidence to show that over a period of time trainees become happier, more controlled in behaviour and bearing and more self-reliant. They learn to mix with others, to "give" as well as "take" and in their homes they are no longer a heavy or continual problem, but can play a humble part in the family life and help in small household tasks. Those attending the Centre already find that each day brings new interest and achievement and for the first time since leaving school they are engaged in purposeful activity.

SCHOOL HEALTH SERVICE

Session 1955-56

All routine medical inspections of school children were completed before the end of the school term. Those examined included school entrants, those born in 1946, 1942 and 1939 in accordance with D.H.S. Circular No. 40/1955. Children born in 1948 were examined for vision and hearing only.

The general over-all standard of nutrition continued to be very satisfactory.

Few children were found with body lice but many mothers were as uninterested as ever in the removal of nits. It is regrettable to have to report once again that the number of school children found in Greenock to have nit-infested heads remains high and the situation in this respect is still most unsatisfactory. Exclusions from school during the year included two children (sisters) who had to be disinfested of body lice on four separate occasions and of head lice on two occasions. Only one other family had to be excluded once for similar reasons. In each case, there was obvious indifference and neglect on the part of the parents. One case of scabies was treated at the school clinic. Fewer children were seen with impetigo, most infections being of a minor type and quickly cured. The Specialist clinics, i.e. for Eye, Ear, Nose and Throat and Skin conditions were well attended.

Seven schools sent pupils to the Middleton Residential School Camp during the session.

The head teachers and teachers continued their much appreciated co-operation, so easing the often difficult task of the school nurses. Thanks are again due to those nurses and the office staff for their loyalty and conscientious work. The death of Dr. Anderson at the end of this session brought sadness to everyone who had known and worked with her.

Figures for Session 1955-56

Average Number of Children on the Rolls 13.454

Routine (Systematic) Examinations (Doctor and Nurse)

Number of children examined—		Exam.	
		1st	2nd
Nursery Class (Craigieknowes School)		22	19
Entrants (5 years old plus)	1,290		
Second Age Group (9 years plus)	1,195		
Third Age Group (13 years plus)	1,208		
Secondary Schools Age Group (16 years plus)	126		
Total	3,819	22	19
7-year-old Group (Vision and Hearing only)	1,226		
Grand Total	5,045		

Defects discovered at Routine Examinations—

		Exam.	
		1st	2nd
Number of children with defects of vision and/or teeth	457	—	—
Number of children with minor defects (other than above) where complete recovery anticipated within a few weeks	754	5	12
Number of children with more serious defects	41	—	—
Total	1,252	5	12

Note: The parents of children suffering from a defect other than dental caries were informed or advised. Advice and treatment in the case of dental caries are the care of the School Dental Department.

Non-Routine Examinations (Nurse)—

Treatment required and parent informed	5,457
No action required	7,155
Total	12,612

Principal Defects found at Non-Routine Examinations—

Uncleanliness of Head	3,404	
Uncleanliness of Body	314	
Unsatisfactory condition of clothing	362	
Unsatisfactory condition of footwear	289	
		4,369
Defect of Vision		548
Other defects		540
Total		5,457

Re-examinations (Nurse)	2,492
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Examinations for Special Purposes—

(a) for Employment Licences (Doctor)	207
(b) for Residential Camp Schools (Dr. and Nurse)	498
(c) Re-examinations Camp Schools (Nurse)	1,084
(d) Home visits (Nurse)	551

Doctor's Inspection Clinic—

Number of Special Cases examined	546
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Minor Ailments Clinic—

Number of Attendances	3,629 (= 697 children)
Nature of Cases—	
(1) Cuts, Bruises, Injuries, etc.	167 (= 53 children)
(2) Diseases of Ear, Nose and Throat	1,210 (= 124 children)
(3) Diseases of Eye	721 (= 175 children)
(4) Diseases of Skin	1,531 (= 345 children)

SCHOOLS	Number on Roll	Cuts and Bruises		Ear, Nose and Throat		Eye		Skin		Totals	
		Cases	Att.	Cases	Att.	Cases	Att.	Cases	Att.	Cases	Att.
The Academy	962	—	—	—	29	—	9	—	6	—	62
Ardgowan	524	—	—	—	31	—	—	—	2	—	34
Belville Place	529	—	—	8	46	—	252	—	27	—	381
Craigleknowes	325	10	10	3	7	52	—	3	12	7	20
Finnart	636	1	1	3	—	—	—	—	—	—	—
High	744	—	—	—	—	—	—	—	4	—	7
Highlanders' Academy	481	2	2	—	—	—	—	—	10	—	87
Hillend	394	1	1	3	62	—	—	—	21	14	191
Holmscroft	703	1	1	7	51	13	32	107	13	42	104
The Lady Alice	921	—	—	2	6	9	39	59	24	24	106
Ladyburn	523	—	—	4	79	—	—	—	6	10	326
Mearns Street	719	3	37	2	71	10	63	30	155	45	181
The Mount	559	3	6	9	31	15	93	15	51	42	—
Ravensraig	334	—	—	—	—	—	—	—	—	—	—
St. Columba's	674	—	—	3	25	3	4	1	1	7	30
St. Joseph's	514	—	—	12	12	2	4	12	75	26	91
St. Lawrence Boys'	446	3	20	14	151	7	7	74	210	98	388
St. Lawrence Girls'	462	7	37	13	306	17	69	25	376	62	788
St. Mary's Patrick Street	1328	7	32	9	52	4	12	27	69	47	165
St. Mary's Annexe (Loreto)		—	—	2	27	3	9	5	62	10	98
St. Mary's Ingleson Huts		—	—	—	—	4	37	2	7	6	44
St. Mary's Infants'	939	—	—	—	—	2	8	3	14	5	22
St. Mary's Girls'	737	2	2	8	20	8	37	15	101	33	160
St. Mungo's		9	9	4	131	24	46	44	76	81	262
Others	—	4	9	16	73	—	—	—	—	20	82
Totals	13454	53	167	124	1210	175	721	345	1531	697	3629

PORT HEALTH ADMINISTRATION

During 1956 there was no major change in the routine regarding the administration of Port Health work in Greenock. The Medical Officer of Health continued to be Port Medical Officer and Medical Inspector under the Aliens Order, 1953.

Ocean Going Vessels

The number of vessels dealt with by the staff of this department was 121, an increase on the figure of 102 for 1955. Of these 18 were incoming ocean liners and 30 were Weather ships returning to harbour. No cases of quarantinable diseases were found though 16 ships had called at 17 infected ports outside of Britain before reaching Greenock, their first port of call in Britain. One of these ships was from an infected area in France and daily surveillance of the personnel was made during its stay. Twenty-one cases of illness on ships arriving were investigated. Of these one suspected poliomyelitis (not subsequently confirmed) and 5 other non-infective illnesses were removed to hospital. 11 cases remained on board and 4 disembarked to proceed to places outside Greenock.

The cargoes brought into Greenock were mostly sugar, molasses, oil seeds of various kinds and tobacco.

Other ships arrived for repair, conversion, taking in stores or, in the case of new construction, for fitting-out.

Deratting

One hundred and forty-three visits were made to ships for rat infestation examinations. Three vessels were fumigated with cyanide and yielded 37 rats and 19 mice. Trapping measures on ships produced 70 rats and 9 mice. Nineteen vessels arrived with non-valid deratting certificates and 7 others could not, for various reasons, produce certificates when requested.

In all five new deratting certificates and 49 deratting exemption certificates were issued, including 22 to vessels of new construction.

Passengers

Four thousand one hundred and seventy-two passengers, of whom 649 were aliens, disembarked from ocean going liners. This is 668 less than in 1955 due mostly to the cessation of the C.P.R. liner calling at Greenock. This cancellation did not affect the embarkation of passengers to the same extent, as the Sitmar Line commenced a westbound service between Greenock and Canada in 1956. The number of passengers embarked on all ocean liners was 4,000.

Thus over 8,000 people passed through Greenock to and from North America in 1956, which makes this town the main ocean passenger port of Britain north of the border. Schedules of sailings for 1957 would suggest that these numbers are expected to increase.

Other Port Work

Sixty-three visits were made to ships of the coastwise and estuarial type and in these, as well as on ocean going ships, crews quarters, pantries, conveniences, etc. were examined. In most cases they were satisfactory. Unsatisfactory conditions were pointed out for appropriate action.

On two occasions Asiatic crews arrived by air from infected areas in India to man new vessels. They were kept under surveillance until the period of supervision had elapsed.

Measures were carried out on two vessels to deal with infestation of lice.

The good relationship which exists between the members of the Port Health staff, Customs and Excise Officers, Shipping agents and others connected with shipping has been maintained in 1956 as in previous years.

FOOD SUPPLY

Mr A. M. Connell, Chief Sanitary Inspector, has kindly supplied me with the following information.

MILK AND DAIRIES.—There are now only two dairy farms registered in terms of the above Act, both of which remained in full production throughout the year. In addition there are two farms which are exempt from registration where a small amount of milk is produced for use by the farm household or immediate neighbours. At the two registered farms there was a total of 40 cows at 31st December, 1956 and of these 28 were in milk.

The registered dairies within the burgh now number 130 an increase of 4 compared with 1955.

Samples taken from local producers numbered 21. Of these two were found to be unsatisfactory owing to the high Bacterial Count.

The number of samples taken from other sources totalled 453 as follows:—Pasteurising Establishments, 50; Wholesale and Retail Premises, 211; Schools and School Kitchens 114; and Hospitals, Clinics etc. 78.

Further details of the samples were as follows:—

Grade of Milk	No. of Samples	No. Satis.	No. Unsats.	Unsatisfactory by reason of			
				High Bact. Count	Coli. Bac.	Phosphatase	2 or more tests
Certified	37	22	15	1	10	—	4
Tuberculin-tested	70	56	14	5	7	—	2
Tuberculin-tested (Pasteurised)	8	8	—	—	—	—	—
Pasteurised	338	305	33	—	28	5	—
Total	453	391	62	6	45	5	6

ICE CREAM.—Samples were taken for bacteriological examination with the following results:—

Number Taken	Number Satisfactory	Number Unsatisfactory	Unsatisfactory by reason of:—		
			High Bacterial Count	Coliform Bacilli	Failure to pass both Tests
185	139	46	13	13	20

UN SOUND FOOD

In all during the year there were received from members of the public 25 complaints alleging that certain articles of food were unsound and unfit for human consumption; one complaint in respect of each of the following—cereal, margarine, cream filling, sausage rolls, morning roll, meat bridie, cakes, bananas, luncheon meat, London bun, creamed rice, and ships' stores, two complaints in respect of meat, four complaints in respect of aerated water, two complaints in respect of ham and five complaints in respect of milk. In 12 instances it was found that there was no cause for complaint and it was not necessary for this department to take any action. In the remaining 13 instances action was taken by the department to prevent a recurrence of the complaints.

The total quantity of unsound food seized in terms of Section 9 of the Food and Drugs (Scotland) Act 1956 during the year amounted to 6,192 lb. 15½ oz. of which 5,771 lb. 15½ oz. were tinned foods. This work necessitated 176 visits of inspection being made.

OFFENSIVE TRADES

The following are the offensive trades within the Burgh:—

- (1) Public Slaughterhouse, with which are associated in buildings within the same curtilage:—
 - (a) The Greenock Hide, Skin and Tallow Co. Ltd., carrying on the business of Hide Factors;
 - (b) Ramsay & Co. carrying on the business of Hide Factors;
 - (c) The Greenock and District Fleshers' Association carrying on the business of Tripe Cleaners.
- (2) The Shaw Water Chemical Works of British Charcoals and Macdonalds Ltd. where large quantities of bones are dealt with in the manufacture of charcoal, artificial manure and certain by-products.
- (3) The Ladyburn Tan Works, occupied by Messrs Fisher Henderson & Co. Ltd., Greenock.

Inspection revealed that these businesses are being conducted in a satisfactory manner.

TOWN PLANNING

The following information was kindly supplied by the Master of Works:—

Sewage Disposal—

Inverkip Street Sewer—Replacing brick sewer with a 24 in. diameter concrete pipe, approximately 25 lineal yards.

Sir Michael Street Sewer—Replacing brick sewer with an 18 in. diameter concrete pipe, approximately 180 lineal yards.

Housing Sites—Approximately 370 lineal yards of 9 in. diameter sewers were constructed during the year in connection with new housing developments.

Minor repairs were carried out to sewers and several chokages have been cleared during the year.

Culverts and Watercourses—Regular clearance and cleaning of burns and culverts was carried out during the year.

Approximately 130 lineal yards of open stream in the Weir Street Area have been culverted.

Control of Development

During the year 166 applications for planning permission in respect of residential, commercial and industrial development were investigated and 28 applications for permission to display advertisements.

HOUSING

Greenock Corporation.—The following houses were completed by the Local Authority during the year:—

Larkfield No. 3 Scheme Sections 2 and 3—	
34 3-Apts., 44 4-Apts.	78
Larkfield No. 3 Scheme, Section 1—	
14 3-Apts., 35 4-Apts., 5 5-Apts.	54
Larkfield No. 3 Scheme, Section 4—	
28 3-Apts.	28
Larkfield No. 2 Scheme, Section F—	
Old People's Houses, 8 2-Apts.	8
Larkfield No. 3 Scheme, Section G—	
10 3-Apts., 2 4-Apts.	12
Belleaire—Old People's Houses—	
26 3-Apts.	26
Braeside 3rd Development—	
8 3-Apts., 26 4-Apts.	34
Auchneagh Farm Scheme—	
2 3-Apts., 4 4-Apts.	6
John Street—2nd Development—	
12 3-Apts.	12
Knowe—Knocknair Scheme—	
9 3-Apts., 4 4-Apts.	12
Central Area—1st Development—	
12 2-Apts., 16 3-Apts.	28
Central Area—2nd Development—	
8 3-Apts., 4 2-Apts.	12
Crawfurdsburn Manse Conversion—	
2 2-Apts., 1 3-Apt.	3
	313 Houses

Scottish Special Housing Association Ltd.—The following houses were completed during the year by the S.S.H.A. Ltd.

North-West Larkfield—42 3-apts., 37 4-apts.	79
Pennyfern—4 3-Apts., 2 4-Apts.	6
Branchton—36 3-Apts., 24 4-Apts.	60
	145 Houses

Private Enterprise.—Sixteen dwellinghouses were completed during the year by private enterprise.

1 3-Apartment
7 4-Apartment
5 5-Apartment
2 6-Apartment
1 8-Apartment

Existing houses were converted during the year to provide the following accommodation:—

1 2-Apartment
4 3-Apartment
10 4-Apartment
3 5-Apartment
1 8-Apartment

Houses under construction at 31st December, 1956:—

By S.S.H.A.	336
By Greenock Corporation	720
	1,056 Houses

WATER SUPPLY

The following information has been kindly provided by the Water Engineer:—

The Supply of water for domestic use amounted 1,647,464,000 gallons which is equivalent to 4,526,000 gallons per day or 58 gallons per head of the population per day.

The total water supplied for all purposes (excluding Compensation supplies) amounted to 5,049,210,000 gallons, equivalent to 13,870,000 gallons per day.

The whole of the filtered water supply continued to be chlorinated after filtration, and the bacteriological analyses of the supplies showed the water to be highly satisfactory.

Periodical analyses were also made by Messrs R. R. Tatlock & Thomson, Glasgow, of the chemical composition of the water which showed it to be suitable for drinking and domestic purposes.

METEOROLOGY

The rainfall during the year recorded at Prospecthill Waterworks amounted to 47.86 inches which was 23.1% below the average over the 65 years from 1890-1949.

The greatest rainfall recorded in 24 hours occurred on 1st March when 1.60 inches fell.

There were 147 dry days during the year.

Bright sunshine amounted to 1,255.3 hours as compared with 1,529.6 hours during 1955.

MEAT INSPECTION

The Superintendent of the Abattoir has kindly supplied the following information regarding the work carried out there during the year ended 31st December, 1956:—

Number and Type of Animals Slaughtered.

CLASS	Number slaughtered	Number affected with Tuberculosis	Percentage affected with Tuberculosis	Whole Carcases seized for Tuberculosis	Parts of carcasses seized for Tuberculosis	Whole carcasses seized for other Diseases	Parts of carcasses seized for other Diseases
Bullocks	2,888	37	1.2	—	4	—	7
Bulls	292	9	3.08	—	—	—	—
Cows	1,855	6	.32	—	—	9	15
Heifers	876	14	1.5	—	2	—	3
Swine	2,277	33	1.4	—	—	4	7
Sheep	7,493	—	—	—	—	19	9
Calves	1,050	—	—	—	—	6	1
Total	16,731	99	.59	—	6	38	42

The following is the list of conditions which were responsible for the total or partial seizure of carcasses:—

Total Condemnations.—Decomposition, 2; Pyrexia, 7; Emaciation, 16; Carcinoma, 1; Septic Peritonitis, 1; Pyaemia, 1; Septic Pneumonia, 1; Septicaemia, 4; Joint Ill, 1; Generalised Actinomycosis, 1; Gangrene, 2; Acteonaemia, 1.

Partial Condemnations.—Tuberculosis, 6; Injuries, 20; Abscesses, 12; Adhesions, 8; Arthritis, 1; Actinomycosis, 1.

The approximate weight of meat and organs condemned during the year was 8 tons, 18 cwts., 3 Qrs., 5 Lbs.

TABLE I—VITAL STATISTICS

Births, Deaths and Marriages—

	Numbers Registered in District	Transfers		Corrected Numbers		
		Out	In	Both Sexes	Males	Females
Total Live Births (incl. Illegitimate)	1,855	273	44	1,627	835	792
Illegitimate Births	61	8	9	62	33	29
Stillbirths	53	15	—	38	15	23
Marriages	693	—	—	—	—	—
Deaths	1,043	180	54	917	504	413

TABLE II.—CAUSES OF DEATH (Corrected for Transfers)—REGISTRAR GENERAL, 1956

CAUSES OF DEATH	AGE										ALL AGES		Death-rate per 1,000 of population		
	Under 4 wks. 4 wks. -11 mths.										Both Sexes	Males Females			
	1- mths.	1- 5	5- 10	10- 15	15- 25	25- 35	35- 45	45- 55	55- 65	65- 75		75- and over			
Tuberculosis of Respiratory System	—	—	—	—	1	—	6	1	7	3	—	18	16	2	.23
Tuberculosis, Other Forms	—	—	—	—	—	—	1	1	—	1	—	3	—	3	.04
Syphilis and its Sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery, All Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever and Streptococcal Sore Throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	1	1	—	—	—	—	—	—	—	—	2	1	1	.03
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasms	—	—	3	2	1	2	13	25	31	55	14	10	89	67	2.01
Benign and Unspecified Neoplasms	—	—	—	—	—	—	—	—	1	—	—	—	1	—	.01
Diabetes Mellitus	—	—	—	—	—	—	—	—	—	4	1	9	1	8	.12
Anaemias	—	—	—	—	—	—	—	—	—	—	3	1	4	3	.05
Other General Diseases	—	—	—	—	1	—	1	1	1	3	1	7	3	4	.09
Vascular Lesions Affecting Central Nervous System	—	—	—	—	—	1	3	8	15	43	48	10	61	67	1.65
Non-meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Nervous System	—	—	—	—	1	—	1	3	2	2	2	—	7	4	.14
Rheumatic Fever	—	—	—	—	—	—	—	—	—	—	—	2	1	1	.03
Chronic Rheumatic Heart Disease	—	—	—	—	—	3	3	3	2	2	—	14	8	6	.18
Arteriosclerotic and Degenerative Heart Disease	—	—	1	—	—	3	11	33	90	76	28	211	144	97	3.10
Other Diseases of Heart	—	—	—	—	—	1	1	4	2	7	1	17	9	8	.22
Hypertension with Heart Disease	—	—	—	—	—	—	1	1	5	9	7	26	7	19	.33
Hypertension Without Heart Disease	—	—	—	—	—	—	—	—	1	1	1	2	—	2	.03
Other Circulatory Disease	—	—	—	—	—	1	—	1	1	8	3	21	17	7	.31
Carry forward	1	1	1	2	1	9	31	56	108	226	166	665	366	299	

**TABLE III.—POPULATION AND PRINCIPAL RATES PER 1,000—
REGISTRAR GENERAL—1881-1956**

Year	Population	Death-rate	Birth-rate	Infantile Mortality Rate	Tuberculosis Death-rate	
					Respiratory	Non-Respiratory
1881-1890	71,826	20.55	35.09	133	2.19	0.83
1891-1895	62,732	21.09	33.47	139	1.82	0.63
1896-1900	63,894	20.04	32.96	137	1.83	0.74
1901-1905	69,254	18.93	30.34	127	1.49	0.92
1906-1910	72,338	17.31	29.67	114	1.26	1.10
1911-1915	76,771	18.70	31.07	120	1.39	0.93
1916	78,642	17.10	29.20	109	1.42	0.75
1917	79,299	15.10	26.88	92	1.25	0.83
1918	79,574	17.88	26.52	110	1.10	0.82
1919	79,613	17.25	28.73	99	0.94	0.59
1920	80,436	16.51	33.34	104	1.06	0.69
1916-1920	79,512	16.76	28.93	102	1.16	0.73
1921	81,120	14.59	30.15	93	1.01	0.54
1922	81,370	19.17	26.78	149	1.03	0.68
1923	81,522	12.94	27.04	77	0.99	0.54
1924	82,096	15.22	24.16	113	1.00	0.44
1925	81,200	14.32	24.54	107	0.85	0.52
1921-1925	81,461	15.24	26.71	107	0.97	0.54
1926	81,558	13.74	23.87	90	0.98	0.34
1927	80,889	13.26	22.17	89	0.87	0.44
1928	79,204	15.74	24.05	120	0.80	0.34
1929	81,844	15.57	22.22	111	1.04	0.26
1930	79,223	14.20	23.83	96	0.88	0.30
1926-1930	80,543	14.50	25.22	101	0.91	0.33
1931	79,012	13.50	23.40	78	0.90	0.30
1932	79,387	14.63	21.47	121	0.66	0.36
1933	79,486	15.03	20.60	108	0.88	0.18
1934	79,605	12.90	20.86	89	0.79	0.21
1935	79,980	13.85	21.16	92	0.76	0.09
1931-1935	79,494	13.98	21.49	97	0.79	0.22
1936	80,524	13.73	20.29	101	0.63	0.28
1937	80,957	15.60	21.60	97	1.01	0.31
1938	81,297	12.81	20.24	75	0.79	0.30
1939	81,366	13.43	20.30	88	0.93	0.17
1940	79,629	15.27	19.7	82	0.92	0.30
1936-1940	80,754	14.16	20.42	88	0.85	0.27
1941	77,000	14.84	18.8	90	1.17	0.31
1942	74,300	13.95	20.1	104	1.15	0.33
1943	73,205	14.22	21.0	80	0.75	0.21
1944	73,378	13.50	20.5	81	0.94	0.46
1945	73,288	13.29	18.6	74	0.98	0.29
1941-1945	74,234	13.96	19.8	85	0.99	0.32
1946	75,231	12.9	20.7	62	0.96	0.14
1947	79,377	12.8	23.8	64	1.11	0.30
1948	79,470	11.7	21.2	61	1.23	0.19
1949	79,096	12.7	20.9	52	1.13	0.12
1950	80,291	11.8	20.1	48	0.67	0.16
1946-1950	78,693	12.4	21.3	57	1.02	0.18
1951	76,625	12.5	20.4	36	0.63	0.11
1952	77,048	11.6	18.6	36	0.36	0.07
1953	77,581	11.9	20.0	34	0.35	0.09
1954	77,533	12.4	20.6	43	0.37	0.06
1955	77,499	12.5	20.5	37	0.40	0.03
1956	77,748	11.8	20.9	41	0.23	0.04

TABLE IV.—SOURCES OF NOTIFICATIONS OF INFECTIOUS DISEASES, 1956

DISEASE	BY WHOM REPORTED						TOTAL	
	House holders	House-holders and Doctors	Doctors	Public Health Officers	School Authori-ties	Registrar		Midwives or Health Visitors
Cerebro-Spinal Fever		—	3	—	—	—	—	3
Chickengpox	292	—	8	—	6	—	—	306
Diphtheria	—	—	—	—	—	—	—	—
Dysentery	—	—	52	—	—	—	—	52
Erysipelas	—	—	6	—	—	—	—	6
Jaundice, Acute Infective	—	—	7	—	—	—	—	7
Malaria	—	—	1	—	—	—	—	1
Measles	627	—	27	11	31	—	—	696
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—
Pneumonia, Acute Infective	—	—	2	—	—	—	—	2
Pneumonia, Acute Primary	—	—	121	—	—	6	—	127
Pneumonia, not otherwise notifiable	—	—	45	—	—	8	—	53
Poliomylitis, Acute	—	—	1	—	—	—	—	1
Puerperal Fever	—	—	1	—	—	—	—	1
Puerperal Pyrexia	—	—	42	—	—	—	—	42
Scarlet Fever	—	—	39	—	—	—	—	39
Typhoid Fever	—	—	2	—	—	—	—	2
Whooping Cough	147	68	276	—	29	—	—	520
Mumps	280	—	1	—	84	—	—	365
Food Poisoning	—	—	35	—	—	—	—	35
Total	1,346	68	669	11	150	14	—	2,258

TABLE V.—MONTHLY INCIDENCE OF INFECTIOUS DISEASES, 1956

Month	Chinchorro	Diphtheria	Dysentery	Erysipelas	Jaundice, Acute Infective	Malaria	Measles	Ophthalmia Neonatorum	Pneumonia, Acute/Influenzal	Pneumonia, Primary	Pneumonia, not Otherwise Notifiable	Poliomyelitis Acute	Puerperal Fever	Puerperal Pyrexia	Scarlet Fever	Typhoid Fever & Paratyphoid	Whooping Cough	Mumps	Food Poisoning	Cerebro spinal Fever	Total
January	37	—	4	1	1	—	—	—	1	18	17	—	1	+	—	—	—	1	—	—	109
February	37	—	3	1	—	—	5	—	—	24	11	—	—	1	—	—	—	1	—	1	89
March	33	—	3	2	—	—	43	—	—	11	2	—	—	2	4	—	—	3	—	—	165
April	26	—	1	—	—	—	63	—	—	8	3	—	—	—	—	—	—	—	—	—	103
May	60	—	3	1	—	—	124	—	—	6	3	—	—	3	6	—	7	10	—	—	223
June	31	—	6	—	—	—	149	—	—	9	1	1	—	—	—	—	3	19	—	—	230
July	10	—	2	—	—	1	35	—	—	7	2	—	—	—	—	1	1	8	—	—	71
August	2	—	2	1	2	—	24	—	—	7	2	—	—	—	3	1	9	9	—	—	67
September	15	—	3	—	—	—	30	—	—	5	2	—	—	—	4	—	12	4	3	—	82
October	20	—	8	—	1	—	56	—	—	7	3	—	—	1	2	—	38	56	11	—	209
November	8	—	6	—	1	—	122	—	—	12	3	—	—	7	4	—	175	125	11	2	476
December	7	—	8	—	—	—	45	—	2	13	4	—	—	4	3	—	275	129	4	—	494
Total	306	—	52	6	7	1	696	—	2	127	53	1	1	12	39	2	520	305	35	3	2,258

TABLE VI.

The following cases from the Burgh were removed to Gateside Infectious Diseases Hospital during the year:—

Disease	Remaining 31.12.55	Admitted	Discharged	Died	Remaining 31/12/56
Chickenpox	—	7	7	—	—
Diphtheria	—	—	—	—	—
Dysentery	1	12	11	—	2
Erysipelas	—	1	1	—	—
Jaundice, Acute Infective	—	6	6	—	—
Malaria	—	1	1	—	—
Measles	—	20	19	—	1
Ophthalmia, Neonatorum	—	—	—	—	—
Pneumonia, Acute Influenzal	—	—	—	—	—
Pneumonia, Acute Primary	2	94	84	5	7
Pneumonia (not otherwise notifiable)	16	43	51	7	1
Polio-myelitis, Acute	—	1	1	—	—
Puerperal Fever	—	1	1	—	—
Puerperal Pyrexia	—	—	—	—	—
Scarlet Fever	7	32	30	—	—
Typhoid fever	—	2	2	—	—
Whooping Cough	1	16	8	—	9
Mumps	—	1	1	—	—
Food Poisoning	—	1	1	—	—
Tuberculosis	25	73	67	1	27
Other Diseases	14	352	334	19	13
Cerebro-spinal Fever	—	3	3	—	—
Totals	66	666	637	35	69

TABLE VII.—INFECTIOUS DISEASES RATES—1900-1956

YEAR	SCARLET FEVER			DIPHTHERIA			MEASLES			WHOPPING COUGH		
	Incidence rate per 1,000	Death-rate per 1,000	Case mortality rate per cent	Incidence rate per 1,000	Death-rate per 1,000	Case mortality rate per cent.	Incidence rate per 1,000	Death-rate per 1,000	Case mortality rate per cent.	Incidence rate per 1,000	Death rate per 1,000	Case mortality rate per cent.
1900-1904	4.33	0.32	6.98	2.58	0.28	28.43	12.74	0.36	2.92	4.54	0.53	13.25
1905-1909	2.15	0.10	4.29	0.82	0.15	19.35	14.30	0.40	2.73	4.02	0.57	14.09
1910-1914	5.69	0.22	3.56	1.44	0.14	12.02	18.93	0.55	3.06	5.49	0.44	8.51
1915	1.90	0.11	6.08	1.72	0.16	9.70	14.32	0.65	4.58	9.38	0.73	7.81
1916	3.73	0.76	2.04	1.61	0.19	11.81	17.16	0.95	5.55	0.72	0.05	7.01
1917	2.74	0.06	2.29	1.23	0.12	10.20	10.12	0.20	1.99	11.43	0.80	7.05
1918	1.36	0.01	0.91	0.70	0.03	5.35	10.19	1.25	12.33	4.53	0.33	7.47
1919	3.95	0.06	1.58	1.10	0.03	3.40	15.26	0.32	2.13	2.36	0.16	6.91
1920	1.47	0.04	3.36	1.28	0.07	5.82	5.71	0.24	4.34	6.68	0.27	3.97
1921	1.31	0.01	0.93	1.76	0.07	4.19	3.69	0.00	0.00	0.62	0.00	0.00
1922	1.36	0.01	0.90	1.04	0.08	8.23	36.32	2.17	5.98	18.31	0.98	5.36
1923	4.90	0.07	1.50	1.37	0.07	5.35	6.31	0.14	2.33	0.41	0.02	5.88
1924	2.64	0.06	2.30	1.79	0.06	3.40	23.02	0.59	2.59	15.87	0.54	3.45
1925	1.21	0.01	1.01	2.11	0.09	4.65	1.07	0.00	0.00	6.83	0.39	5.76
1926	3.85	0.00	0.00	3.33	0.13	4.04	24.57	0.46	1.89	0.71	0.01	1.72
1927	3.48	0.06	1.77	3.20	0.03	1.15	7.76	0.02	0.31	5.24	0.09	1.88
1928	0.84	0.01	1.49	2.91	0.17	6.06	20.49	1.02	3.46	8.53	0.51	6.06
1929	2.02	0.00	0.00	2.41	0.07	3.03	0.52	0.02	4.64	6.25	0.46	7.44
1930	3.61	0.08	2.35	1.57	0.06	3.87	25.09	0.34	1.35	6.24	0.18	2.92
1931	3.69	0.07	2.05	1.06	0.03	3.57	1.48	0.00	0.00	3.97	0.11	2.86
1932	10.69	0.12	1.17	1.44	0.05	3.47	38.04	0.90	2.38	3.30	0.06	1.90
1933	14.10	0.11	0.80	2.05	0.10	4.90	3.95	0.00	0.00	11.14	0.55	4.96
1934	5.40	0.05	0.93	2.31	0.18	8.15	21.30	0.15	0.70	1.64	0.06	3.81
1935	1.17	0.02	2.12	1.52	0.07	4.91	13.41	0.03	0.27	13.37	0.32	2.42
1936	0.96	0.01	1.28	1.34	0.02	1.85	11.25	0.04	0.44	1.39	0.01	0.89
1937	2.70	0.01	0.54	0.59	0.02	4.16	24.95	0.13	0.54	13.03	0.38	2.93
1938	6.44	0.07	1.14	1.04	0.03	3.52	1.21	0.02	2.02	1.89	0.02	1.29
1939	2.94	0.82	0.83	1.11	0.03	3.29	0.55	0.00	0.00	7.95	0.11	1.39
1940	1.43	0.00	0.00	1.62	0.05	3.10	28.99	0.07	0.25	11.07	0.18	1.70
1941	1.45	0.01	1.98	1.98	0.06	3.26	5.80	0.02	0.44	4.03	0.03	0.96
1942	2.51	0.01	0.53	2.03	0.03	1.98	12.23	0.00	0.00	1.17	0.53	4.59
1943	1.84	0.00	0.00	1.35	0.02	2.02	5.42	0.01	0.25	7.82	0.09	1.22
1944	0.96	0.00	0.00	1.53	0.00	0.00	27.09	0.06	0.25	5.95	0.10	1.83
1945	1.52	0.00	0.00	1.43	0.01	0.95	2.57	0.02	1.05	2.94	0.05	1.31
1946	1.74	0.00	0.00	0.80	0.03	4.54	12.15	0.01	0.10	6.39	0.01	0.20
1947	1.88	0.00	0.00	0.76	0.01	1.63	14.77	0.00	0.00	6.86	0.05	0.73
1948	4.03	0.01	0.31	0.79	0.00	0.00	6.63	0.01	0.18	0.49	0.00	0.00
1949	4.65	0.00	0.00	0.46	0.01	2.70	14.58	0.00	0.00	2.45	0.00	0.00
1950	2.90	0.00	0.00	0.12	0.00	0.00	1.96	0.01	0.63	8.85	0.01	0.14
1951	1.19	0.00	0.00	0.10	0.00	0.00	14.39	0.00	0.00	2.05	0.00	0.00
1952	1.23	0.00	0.00	0.01	0.00	0.00	7.27	0.01	0.18	5.41	0.01	0.24
1953	1.28	0.00	0.00	0.00	0.00	0.00	13.53	0.00	0.00	5.44	0.02	0.47
1954	1.19	0.00	0.00	0.01	0.00	0.00	10.16	0.00	0.00	4.37	0.00	0.00
1955	1.20	0.00	0.00	0.00	0.00	0.00	10.54	0.00	0.00	2.00	0.00	0.00
1956	0.50	0.00	0.00	0.09	0.00	0.00	8.95	0.00	0.00	6.69	0.00	0.00